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Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stole)

or county

Maryland

York

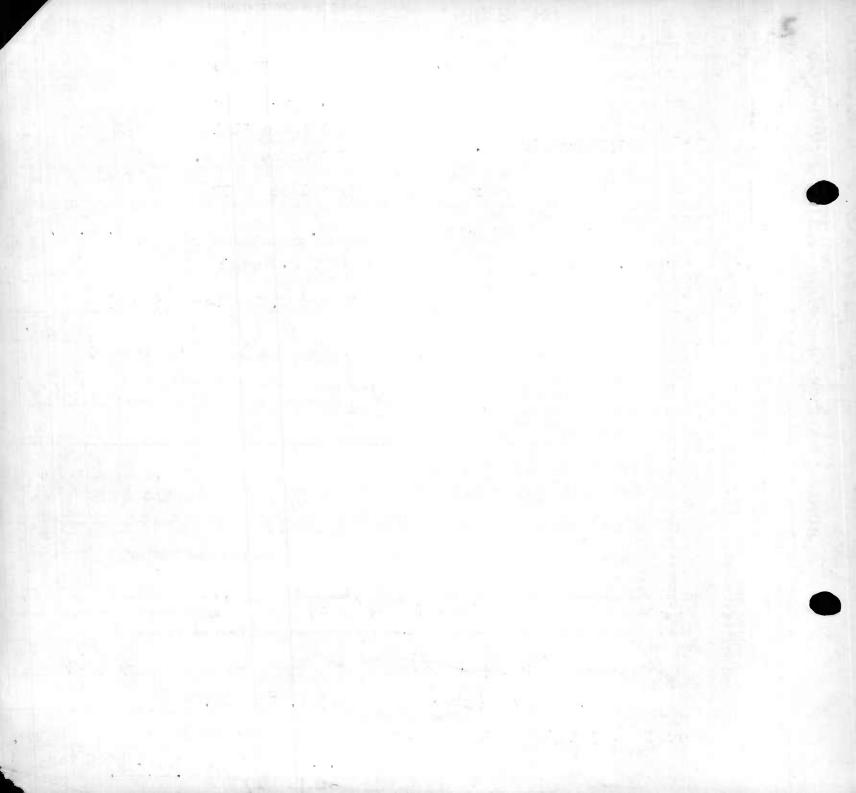
ADDRESS

if Under 24 Hrs.

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

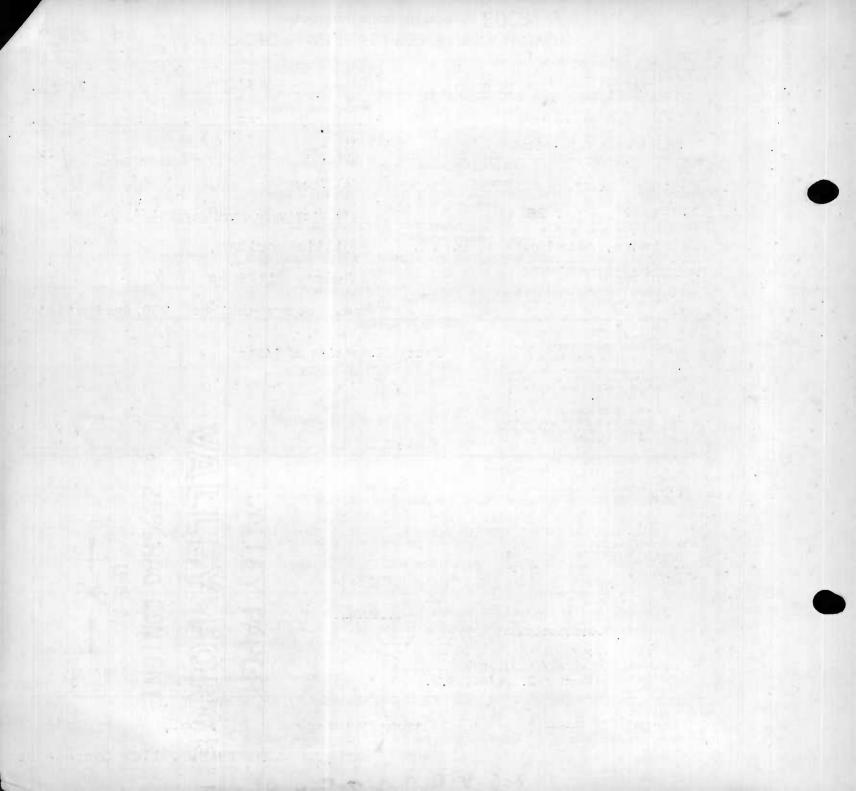
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69 2503 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.-

69	2503
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BIRTH NO.							REG. INO			
1. NAME OF DEC	CEASED			2. DATE	Known 🔲	Month	Day	Yeor	Hour	
(Type or Print)	BERT	P	OULHAC	OF DEATH	Estimoted 1	3/4/69			7:10	A .M
	TIMORE, MARYLAND, V			3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INS	STITUTION, GIVE STREET	PRONO	UNCED DEAD	26 1		060	7 10	
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)		5 LICHAL D		March		.969	7:10	
7 1	77	7		A. STATE	ESIDENCE (Wh	ere dece osed in	B. COUNTY	n: residence i	perore odmiss	ion)
Church	Home & Hosp	ıtaı			land			(0-0	5
6. SEX	7. RACE	8. MARI	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		
male	nooro	WIDO	WED DIVORCED	Do 14	imana			(FC \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	No 🗆	
9. DATE OF BIRT	negro		If Under 1 Yr. If Under 24 Hrs.		imore		,	res X	NO L	
	lost birthde	(v)	Months Doys Hours Min.			,				
7-8-19		26			Patterso	n Park	Avenue_			
11. BIRTHPLACE (S	State or foreign country)		12. CITIZEN OF	13. FATHER	'S NAME					
Baltim	ore, Maryla	and	WHAT COUNTRY?	Wi	llie Ro	ulhac				
	and the sales		OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN N	AME				
lone during most of v	vorking life, even if retired)			7	3 T.73	114000				
Unempl	ED EVER IN U.S. ARMEI				rey Wi	IIIams		1000500		***
Yes, no or unknown)(If yes, give wor or dotes	of service	S? 17. SOCIAL SECURITY NO.	1B. INFOR	MANI			ADDRESS		AVE
No.				Mrs.	Audrey	Roulh	ac 73	9 Spr	ingfie	elā
19.	9.		CAUSE OF DEA	ŤН					PROXIMATE INT	
3 //	• 0							BELAN	EEN UNSEL AN	DEATH
	E OR CONDITION DIRE	CILY	Fatty A	lterati	on of Li	ver				
	of mean the mode of dy	ina e a	(A) IMMEDIATE C	AS A CONSEC	WENCE OF					
heort foilure	, osthenio, etc. It meons the	e diseose,	DUE 10, OK /	43 A CONSEC	DENCE OF:					
injury or cor	nplication which coused de	oth.)						100		
Δ1	NTECEDENT CAUSES		(2)							
		Y. GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
RISE TO THE	OR CONDITIONS, IF AN	TING THE								
Z	NG CONDITION LAST.		(c)							
OTHER SIGN TO THE DE DISE ASE OR 20A. DATE OF	II II								-	
OTHER SIGN	IFICANT CONDITIONS C									
DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN P									
20A. DATE OF	F OPERATION 20B. CO	NDITION	FOR WHICH OPERATION W	AS PERFORA	MED			21. AUTO	PSY? (Yes or	No)
5 1										
/									es	
O LINIDEDIVINIC	NAL CAUSE WAS		22B. PLACE OF INJURY (e.g., home, form, foctory, street, office				re City, give e	roct locotion)		
- OLADEKTILIAG	USE OF DEATH.									
		r) (Hou	22E.INJURY OCCURRED		2F. HOW DID	INJURY OCC	JR?			
OF INJURY (APPROX.)				WHILE						
23.			m. WORK LAT W	ORK						
				. 🔽	1.4		1 4 1			
		nquiry	Inspection Au	top sy X	ond that an	this basis,	death in my	opinion		
resul	ted from: Notural cas	ses X	Acctdent Suicio	le 📙 H	omicide 🔲	Undetermi	ned monner			
	1.11.	4	-		CHIEF MEDICA	L EXAMINER				
ACTUAL		11-	DONT -	455	STANT MEDICA	LEVAMINED	X		DATE SIGN	ED
SIGNAT		1	/ TVM.D					2	11.160	
EXAMIN	ER'S Werner	U. S	pitz, M.D.	ASSO	CIATE MEDICA	LEXAMINER		3	/4/69	
NAME (1		_	24C. NAME of CEMETERY	or CREMATO	ORY 24	D. LOCATION	(City, toy	vn, or county) (Stote	e)
REMOVAL (Speci			- TOUR OF GENETER !	C. G. Limit	24		(5117) 101	, 0. 000117	(510)	1
Buri	al 3-8-	59	Mt. Calvary	Cemet	ery	A.A.	Co.,	Ma	ryland	f
	BY HEALTH DEPT.	25B. N	NAME OF REGISTRAR		FUNERAL DIRE			ADDRESS		
35 A	R 7 1969 0	17 1	& E. Farleyna	MOI	RTON &	DVENIN	ਸ ਮ 1	701 T	allron	c C+
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VS 151-REV. 1/1/6	B }		3000		770					



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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

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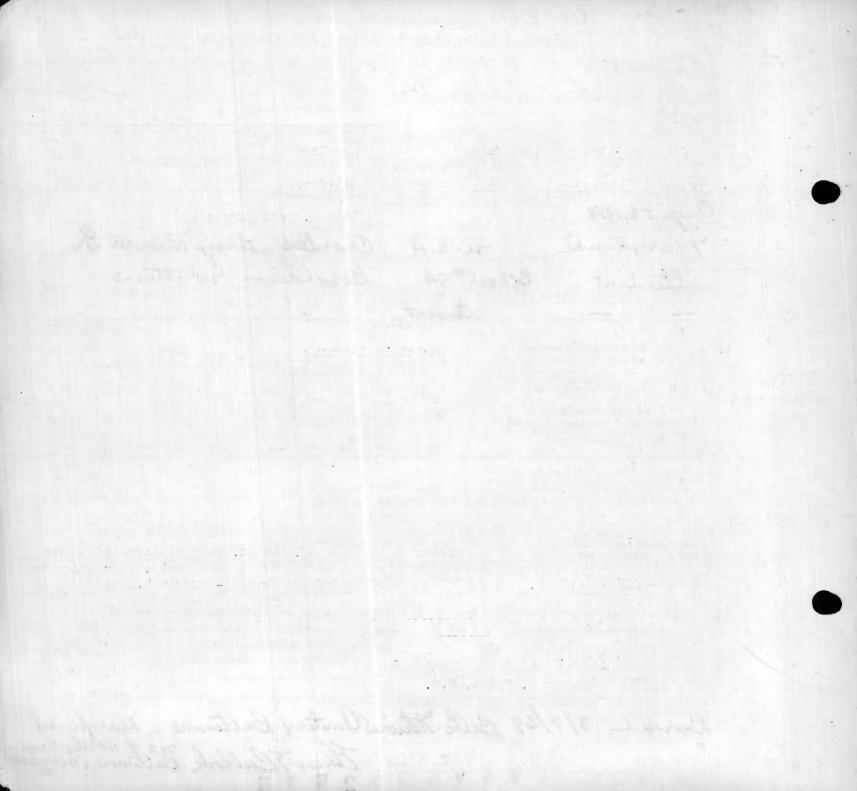
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O POO BALTIMORE CITT	HEAGIN DELYMENT	CO	OMO
MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH REG. NO.	03	2500

	69 2506 BALTIMORE CITY HEALTH DEPARTMENT	0 0000
Pou	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO	9 2506
4-5 AC	BIRTH NO.	lv.
	(Type or Print)	ear Haur
	CHARLES CALL ROBOTER	Yeor Hour
10	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD March 3. 196	
3)	HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution: resid	
99	A. STATE B. COUNTY	8.01.
//	Johns Hopkins Hospital (DOA) Maryland 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIN	NITS?
		NO 🗆
	9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER	NO L
	august 6,1958 10 Manths, Days, Hours, Min. 1814 N. Port Street	
	TOTAL METOLE BELEGE	(7)
	maryland WHAT COUNTRY? Chardes Jerry Russe	Q 25/2.
	14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	9
	dane during mystof working life, even if retired) School # 94 Geraldine Watter	3
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRES	S
	(Yes, na or unknown) (If yes, give wor ar dates of service)	
	[19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Multiple Triuming	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (A) IMMEDIATE CAUSE	
	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,	
	injury ar complication which coused death.)	
	ANTECEDENT CAUSES (8)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
	UNDERLYING CONDITION LAST	
	(C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
		AUTOPSY? (Yes ar Na)
		No
	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in Boltimore City, give exact laca home, form, factory, street, office bldg., etc.) INJURY OCCUR?	tion) 8-33
	UTING CAUSE OF DEATH. Street Biddle St. West of Laker	wood Avenue
	22D. TIME (Month) (Day) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? Subj. p. (Append) 24 Append 24 Append 24 Append 24 Append 25 Append 26	
	m work AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK	auto
	I certify that I held on Inquiry Inspection X Autopsy and that on this basis, deoth in my opini	
		On
	resulted front: Natural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER	
	ACTUAL MICHAEL STATE OF THE ACTUAL PROPERTY O	DATE SIGNED
	SIGNATURE (IV)	3/4/69
	EXAMINER'S Werner U. Spita, M.D. ASSOCIATE MEDICAL EXAMINER	3/4/07
	24A. BURIAL CREMATION, 24B. DATE : 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or c	aunty) (State)
	REMOVAL (Specify) 3/2/69 Balt Att. OBute But	10 selen D
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C_FUNERAL DIRECTOR ADDRE	SS
		north and
	MAR 7 1969 DO 6 8 Farlings Vener Wellerk Bultin	nore, marifield
	VS 151-REV. 1/1/68	11



Hensewite Burnish Stelle 9 Sugars HEINT of James GILTIMORE 1812 Reymond L. Knozaciaski Krustler

5-11/1		CO 2500 BALTIMORE CITY HEALTH DEPARTMENT 60 2500
75705		69 2508 CERTIFICATE OF DEATH REG. NO. 69 2508
and eath ased the	1.	RTH NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH A C C C C C C C C C C C C C C C C C C
_ 70 0 5		Shipley, ATLANIA G, 3-4-07 10,30 PM
To Do of	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
hospi use o (5) D ance deat	EV	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
cau cau se;	İÑ	OSTITUTION DE INSIDE CITY LIMITS?
in ng caus	4:	Council de la la la la la la ser la ser la
D.=_ L	i l	210 HT MOSPINE J WATER THOSE 400 2 Greenspring all
_ 19 = 5 = 1	9	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Days Hours; Min.
ntr rm egue		F N WIDOWED DIVORCED 5-28-60 lost birthdoy! Months Doys Hours Min.
上のサーの		A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
P o d		tousewife Athone Virginia Vis. A.
t d W C t d	S 13.	FATHER'S NAME
F 150		ChiNON H. COLEMAN MAGGIE WAShINGTON
AN stan e d ind;	5 (Y	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
SSi SSi A A D ON THE		NO 215-28-6295 Mrs Atlanta Scott 4002 Greenspring Ave.
S a s a s a s a s a s a s a s a s a s a	5	DISEASE OR CONDITION DIRECTLY
IMI or hi Also also atte	5	LEADING TO DEATH (A) IMMEDIATE CAUSE RECURRENT Pulnerus emboli 34 day
0 4 5 5 0 7		(This does not mean the mode at dying, e.g., heart failure, asthenia, etc. It means the disease,
ner ner act		injury or complication which caused death.)
am am fr fr fr	D	ANTECEDENT CAUSES (B) PLANT FALLUME (B) (B)
ex ex 3) /	5	DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stoling the
= = = = = = = = = = = = = = = = = = = =		UNDERLYING CONDITION last. (C)
- := : c := :		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RAL med medin phys	ATION	
UNER or chief roy a m by a m by the p hysicia	CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
D of the	Ore CERT	27A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 27 C. WHERE DID (If in Boltimore City, give exact location)
- == == ==	9 11	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF CAU
5.5 ≥ 2 -		21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
0 0 to to 0	- 11	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) While At Not While Work At Work
y n x x ce	D LO	22. I certify that ((this haspital) attended the deceased from 2-2 1969 ta 3-4 1961
dpp dpp to the trouble to the trouble	0	that (we) last saw the deceased alive an 3-4 1969 and that in (aur) aplaion death occurred an the date
- 0 0 -		and haur and fram the couses stated abave. ((We) (did) (************************************
ust be a cased to dent of ospital death)	T C C	23A. SIGNATURE 23B. DATE SIGNED
3 0.0 5		Attending Med. Shaff 3-4-69 Phys. 3-4-69
		23C. PHYSICIAM'S NAME (Type)
	24	GEGREE SWALL FUSILITY
certif body rs: (1) D.O.A	24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	0	Burial 3-8-69 Nt. Calvary Censeteny ANNE Anunde Co. MA. A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C FUNERAL DIRECTOR ADDRESS
This the shov was dece	E ²³	MAR 7 1969. R. S. S. Saslana Randola Collect 2431 E. Oliver St.
4, - 0	1 =	150-REV. 1/1/6B

Direkt Grant Malk near-VID 2 GARNISPING LOEV 89 08-81-5 Meditionize Medition Action of the Heritage Control Bearing and the Recurrent Pulman emble 37 20 Heart Jacker and at some and a sure of the same of the sound of the same of the

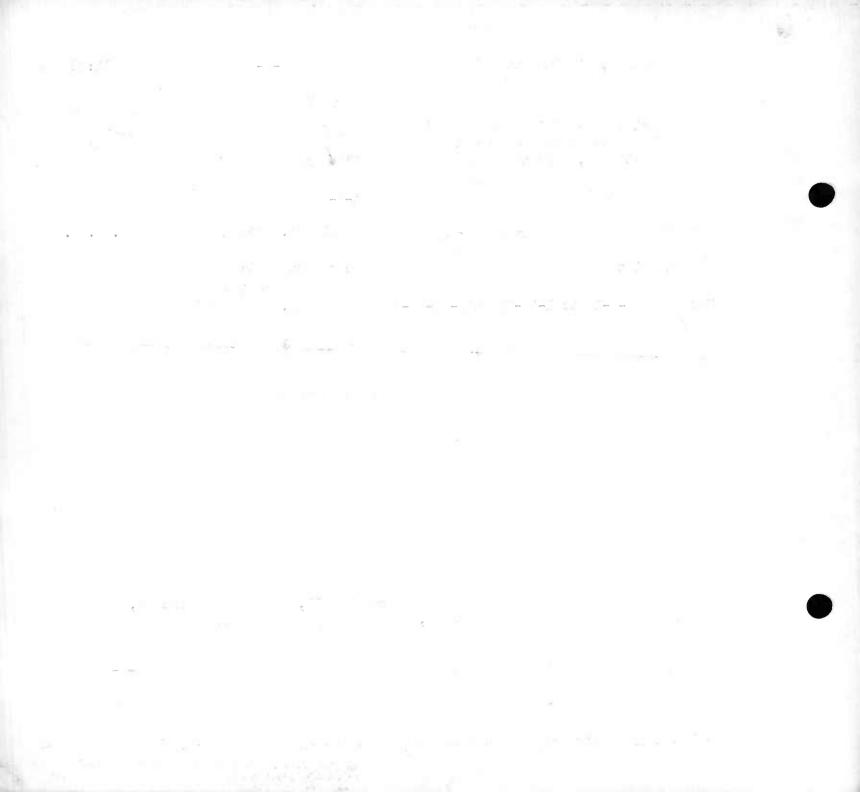
SURSESSIA. CHILD HOLL YARD HORNING (15) 15 ABOB 5 DE P LIA LY AVERICA LIBERT SCAFETTE GARMEN SALLESE MYCOMETAL INTERTION CHARLE talence lacely feart Dave your Detete Hellitis then to remember they ages W. Faper CERPH LONES MD

	6	9 25	BALTIMORE CITY	HEALTH DEPARTMENT		00 05.0
BIRTH NO.	U		CERTIFICA	TE OF DEATH	REG. NO	69 25:10
	F DECEASED			2. DATE	AND HOUR OF DEAT	Н
(Type or Prin	Frank G. Oste	rmann		Marc	h 7, 1969	4:00 P M
3. PLACE II	N BALTIMORE, MARYLAND, W			4. USUAL RESIDENCE IW A. STATE B. COU Maryland -	here deceased lived. If JNTY	institution: residence before odmission)
FULL NAM HOSPITAL	OF (IF NOT IN HOSPIT OR ADDRESS OR LOC. N	AL OR INSTITU ATION)	UTION, GIVE STREET	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
Ho!	use in the Pine	. e		Baltimore		YES KX NO
	25 W. Belvedere			E. STREET AND NUMBER		
5. SEX	6. RACE			521 N. Rose		
Male	White	/ MARRIED	NEVER MARRIED DIVORCED	July 29,1900	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	OCCUPATION (Give kind of wor	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
Fire:	nost of working life, even if retired) fighter	Fire I	Dept.	Baltimore Ma	ryland	USA
13. FATHER	S NAME			14. MOTHER'S MAIDEN N	AME	
John	n Ostermann			Catherine E	auernfiend	
15. Was Dec	ceosed Ever in U. S. Armed Forknown) (Iff yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			219 26 12184	Emma M. Ost	ermann 521	N. Rose St.
1B. /	DISEASE OR CONDITION DI LEADING TO DEATH	RECTLY	CAUSE OF DEAT	_	= X B	BETWEEN ONSET AND DEATH
heart fo	loes nat mean the made of pilure, asthenia, etc. It means ar camplication which caused	the disease,	DUE TO, OR AS	sinclostes consequence of: vocoferce	è ca	141.
	ANTECEDENT CAUSES	;	(p)			
rise t	SES OR CONDITIONS, if a the abave cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:	••••••	
UNDER	RLYING CONDITION last.		(C)			
¥ TO THE	FIGUIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO T E OR CONDITION GIVEN IN PAI	HE TERMINAL				
D THE THE	TE OF OPERATION 19B. CON	IDITION FOR V	WHICH OPERATION	No No	No. 20B. IF YES, WER	E FINDINGS CONSIDERED
OR COI	CIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	21 B. horn etc.)	ie, form, factory, street, of	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltim	nore City, give exact location)
OF INJU			INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
	ertify that (1) (this haspita) (we) last saw the decease		he deceased from Man	19 6 9 and	1969 ta W that in(my) (aur) a	pinian death accurred an the date
and ha	ur and fram the causes sta	ted abave. (1) (We) (did) (did nat) v	iew the bady after death	1.	
23A. SIG	Realie V	Kalue	en NGO Atte	nding Med.	Staff Physics	23B, DATE SIGNED 3/8/69
	YSICIAN'S		DA GREE Phy	23D. ADDRESS	Phys.	-/-/-
NA	Me Type Kolman	M.D.		3700 Park He	ights Aven	110
	L CREMATION, 24B. DATE		AME of CEMETERY of CRI			(City, town, or county) (State)
	VAL (Specify)		aklawn Cemete		Baltimore,	
25A. DATE	REC'D BY HEALTH DERT	25B. NAME C	F REGISTRAR	25C. FUNERAL DIRECTO	O.P.	7110 Belair Rd.

- N 12 1 -- 1 ± γ ALCOHOLD . OF THE PARTY OF THE

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	69	2511	Y HEALTH DEPARTMENT	69 2511
BIRTH N		CERTIFICA	TE OF DEATH REG. NO	OU NO.LL
1. NAME (Typo or	of deceased Print REITZ, William	m Frederick	2. Date and hour of death 3-8-69	1 11:30 A
3. PLAC	E IN BALTIMORE, MARYLAND, V		4. USUAL RESIDENCE (Where deceased lived, If in	
FULL NA HOSPITA INSTITUT	AME OF (IF NOT IN HOSPIT AL OR ADDRESS OR LOC.	AL OR INSTITUTION, GIVE STREET ATION)	Maryland D INS	DE CITY LIMITS?
12	Veterans Admin	istration Hospital	Baltimore	YES NO NO
	3900 Loch Raver		E. STREET AND NUMBER	
S. SEX	Baltimore, Mary		311 South Pulaski	
Male	Caucasian	7- MARRIED X NEVER MARRIED WIDOWED DIVORCED	1-3-95 lost birthdoy!	Months Doys Hours Min.
done durin	ng most of working life, even if retired)	BEX M.fa.	11. BIRTHPLACE (Stote or foroign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY
3. FATH	ER'S NAME	1.9.	14. MOTHER'S MAIDEN NAME	
	ph Reitz		Cona Luna Goetz	
5. Wes I	Deceesed Ever in U.S. Armed For runknown) (If yes, give wor or dole	ces? 16. SOCIAL s of sorvice) SECURITY NO.	17. INFORMANT VA Hospital Record	ds ADDRESS
Yes	9-4-18 to 1		Baltimore, Maryland 21218	
NO OTHE TO THE TOTAL	LEADING TO DEATH does not mean the mode of a failure, asthenia, etc. It means a camplication which caused ANTECEDENT CAUSES ASES OR CONDITIONS, if to the above cause (A) DERLYING CONDITION last. ERSIGNIFICANT CONDITIONS CONTRIBUTIONS GIVEN IN PAR DOATE OF OPERATION 198. CONTRIBUTION CAUSE OF H (natify medicol exominer)	the disease, death.) Carcino (B) DUE TO, OR AS (C) NTRIBUTING HE TERMINAL I 1 (A). DITION FOR WHICH OPERATION	A CONSEQUENCE OF: OMA OF Larynx A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CAI	FINDINOS CONSIDERED
OF IN	JURY	(Hour) 21E INJURY OCCURRED While At Wark Not While At Wark	21F. HOW DID INJURY OCCUR?	
22. I	certify that (*) (this hospital) attended the deceased from No		h 8, 19 69
		ed above. (*) (We) (did) (*) (757) v		death decorred on the date
23A. S	SIGNATURE	2		23 B. DATE SIGNED
	Konica M. KE	DEGREE Phys	The state of the s	3-8-69
23 C. P	RONICA M.	KLUGE	3900 LOCH RAVEN BOY BALTIMORE, MARYLAN	
24A. BUR	IAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE		21218 y, lown, or county) (Stote)
04	IRIAL 3-11-6	9 MEADOWRINGE		County, Md
2SA. DAT	E REC'D SY HEALTH DEPT.	25B NAME OF REGISTRAR	650, L-Schwab Hund	Trederick ave.
VS 150-RI	EV. 1/1/68		- 2 - 0	

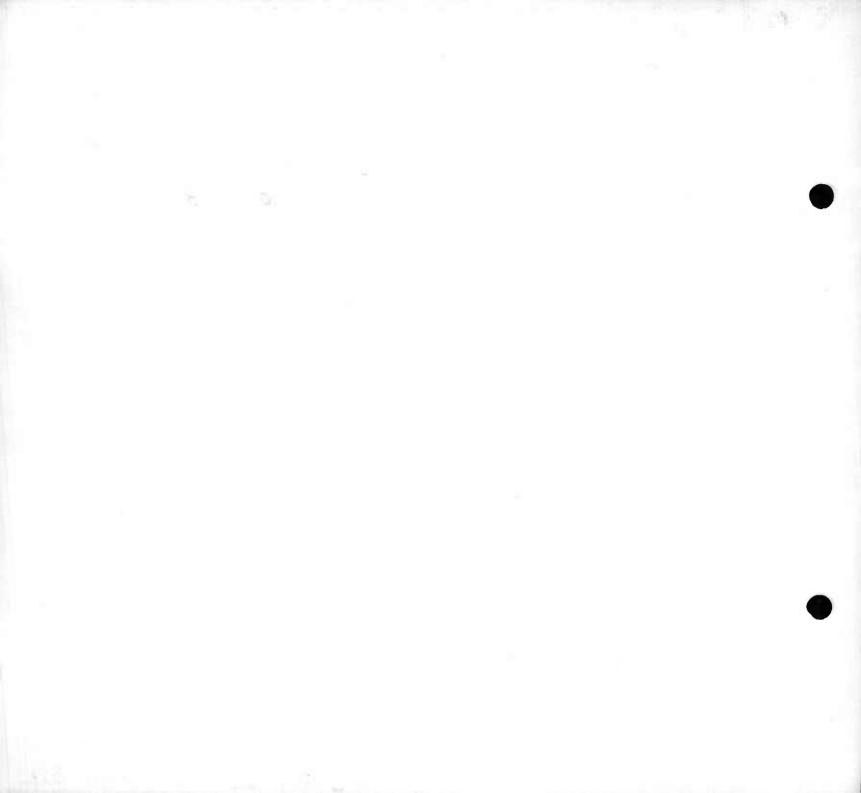


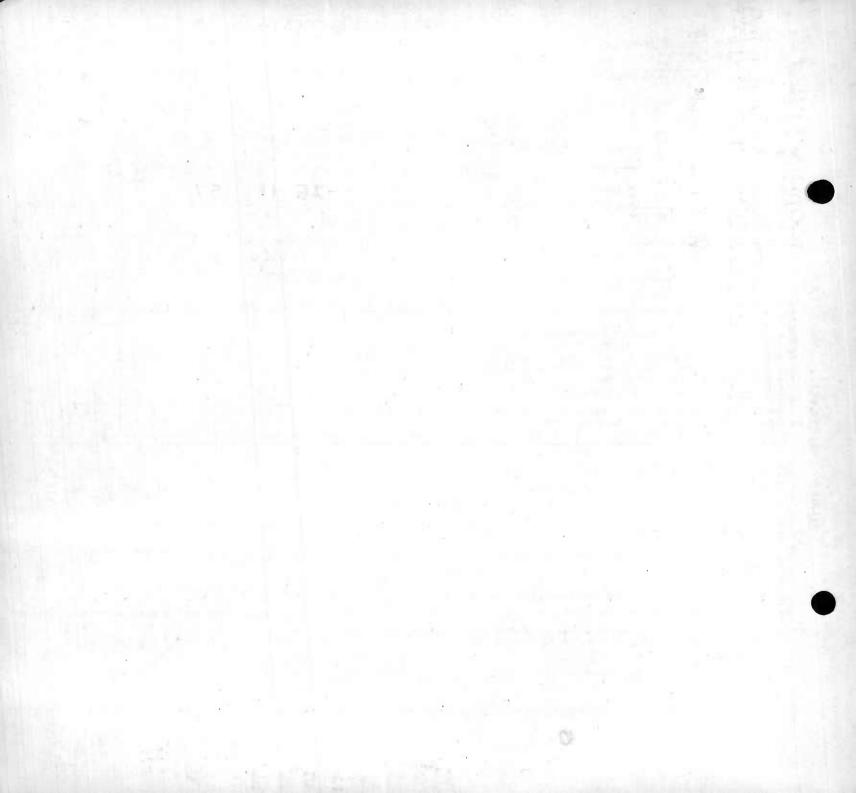
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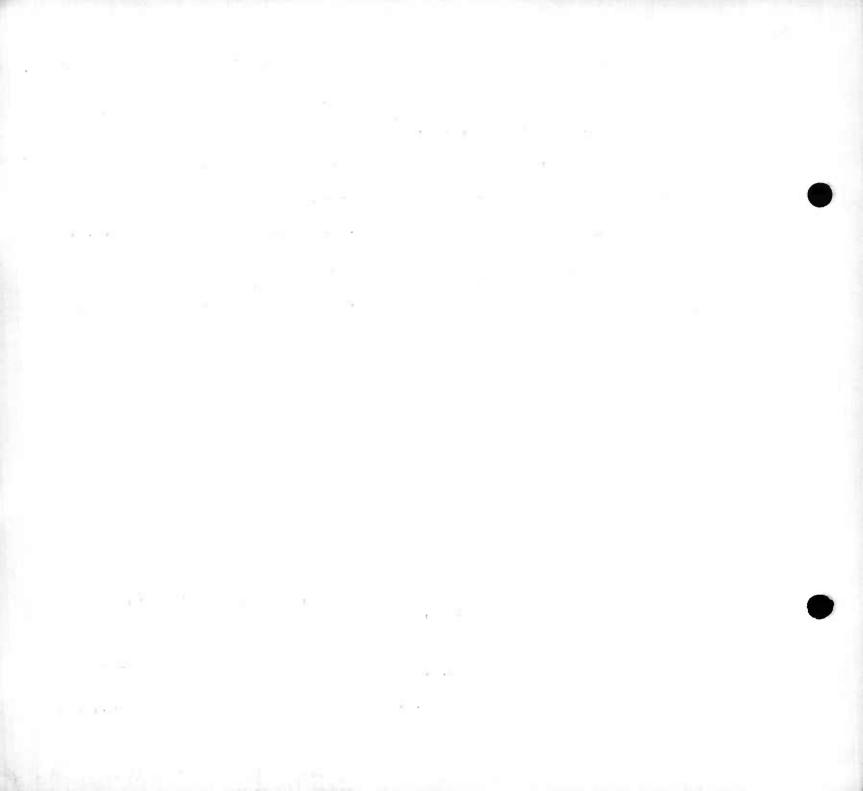
MEDICAL EXAMINER'S CE	ERTIFICATE OF	DEATH ,
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BIRTH NO.		MED	ICAL	EXAMINER 3	CEKITE	CATE OF	DEATI	REG. NO.		
I. NAME OF DE	CEASED		E.		2. DATE	Known X	Month	Doy	Yeor	Hour
(Type or Print)		JOHN	LYLE	s Sr.	OF DEATH	Estimated	March	8, 19	69	11:00A.M.
4. PLACE IN BA	LTIMORE, M	ARYLAND, V	HERE PRO	ONOUNCED DEAD	3. DATE		Month	Day	Year	Hour
FULL NAME OF HOSPITAL	(IF NO	OT IN HOSPITA	L OR INSTI	TUTION, GIVE STREET	PRONO	UNCED DEAD	March	8, 196	59	11:00 A
OR INSTITUTION	ADDA	RESS OR LOCA	IION)		5. USUAL R	ESIDENCE (Where				77.0
38	Univer	sity Ho	spita	.1	A. STATE	Maryland	В	. COUNTY	4	-12
6. SEX	7. RACE			ED MEVER MARRIED	C. CITY OF			D. INSIDE C	TY LIMITS?	
Male	Neg	ro				Baltimor				🗆
9. DATE OF BIR		10. AGE (1	WIDOW	FUnder 1 Yr. If Under 24 Hrs.	E STREET	AND NUMBER	<u> </u>	Y	ES X	ио Ц
		lastbirthdo	A)	Months Doys Hours Min.	L. STREET					
20-15-2		40		2. CITIZEN OF	12 EATUED	117 Diam	ond Str	eet		
III. BIRTHPLACE	(State or tare	ign country)	Table 1	WHAT COUNTRY?	13. FATHER		T7			
Md.		. 1. 1	1 4D KIND	U.SA.	VIE HOTH	Herman				
dane during most of			148. KIND	OF BUSINESS OR INDUSTR	Y IS. MOTHE					
				-9%		Dorothy	Seag			
16. WAS DECEA!	SED EVER IN n) (If yes, give	U.S. ARMEI	of service)	17. SOCIAL SECURITY NO.	IB. INFOR	-			DDRESS	
Yes, no or unknown		210	-25-	51579367116	Dais	y Lyles	351	4 and	heste	er Ave.
19. F 91	65 X			CAUSE OF DEA	TH				AP	PROXIMATE INTERVAL
DISEA	SE OP CON	DITION DIRE	CTIV							
DISEA	LEADING T			/ANIAMAEDIATE /	Alise Gun	shot wound	d of ab	domen		
(This does	not mean the	e made of dy	ing, e.g.,	DUE TO, OR	AS A CONSEC	shot wound	u or up	COMCII		
injury or co	mplication wh	nich coused de	oth.)							
						10.00				
	NTECEDEN	T CAUSES TIONS, IF ANY	GIVING	(B)	AS A CONSE	QUENCE OF:				
RISE TO TH	HE ABOVE C	AUSE (A) STA	TING THE	102.0, 11		4021102 011				
Z	ING CONDI	IION LASI.		(C)						
OTHER SIG TO THE DE DISEASE O		П								
OTHER SIG		ONDITIONS C								
DISEASE O	RCONDITIO	N GIVEN IN P	ART 1 (A).							
				OR WHICH OPERATION W		MED			21. AUTO	PSY? (Yes or No)
3/6/	69	Gur		wound of abdome						Yes
	RNAL CAUS		2	22B. PLACE OF INJURY (e.g., nome, farm, factory, street, affic	in or obout	NIURY OCCUR?	(If in Boltimore	City, give ex	oct location)	
S OLADEKETIIA	AUSE OF DE			home		117 Diamo			4-1	12
		(Day) (Yea	r) (Hour	22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCU	R?		
(APPROX.)	3-6-6	9 10:	46 P.	m, WHILE AT NOT	WHILE VORK	Shot by	unknown	assail	lant	
23.				III. HOME DE ALL	, O.K.	,				
1 cei	rtify that I	held an 1	nquiry [Inspection Au	tapsy X	and that an t	his basis, e	death In my	apinian	
resu	Ited fram:	Natural cau	ses	Accident Suici	de 🗌 H	omicide 🗓	Undetermin	ed manner		
	0	1 0		7		CHIEF MEDICAL				
ACTUA	1 /	la X	1,0	1		STANT MEDICAL		X		DATE SIGNED
SIGNA		100		M.C).	CIATE MEDICAL				
NAME		Charles	S. S	pringate, M.D.	A550	CIATE MEDICAL	ENAMINER	Ma	rch 9,	1969
24A. BURIAL CRI REMOVAL (Spe	EMATION,	24B. DATE		24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tow	n, or county) (State)
Buria	1	3-13-	69	Balto. Na	t']. (em.	Balto	. Id.		
25A. DATE REC'I		DEPT.	25B. N	AME OF REGISTRAR		FUNERAL DIRECT			DORESS	
-	21.4 E	1203	Bel	E Co anna	Ke	lson F.H	I. 13	48 Cal	Lhoun	Street
VS 151-REV. 1/1/6	6B N A	79.1	1 9	6900	0 0	5 0	9			

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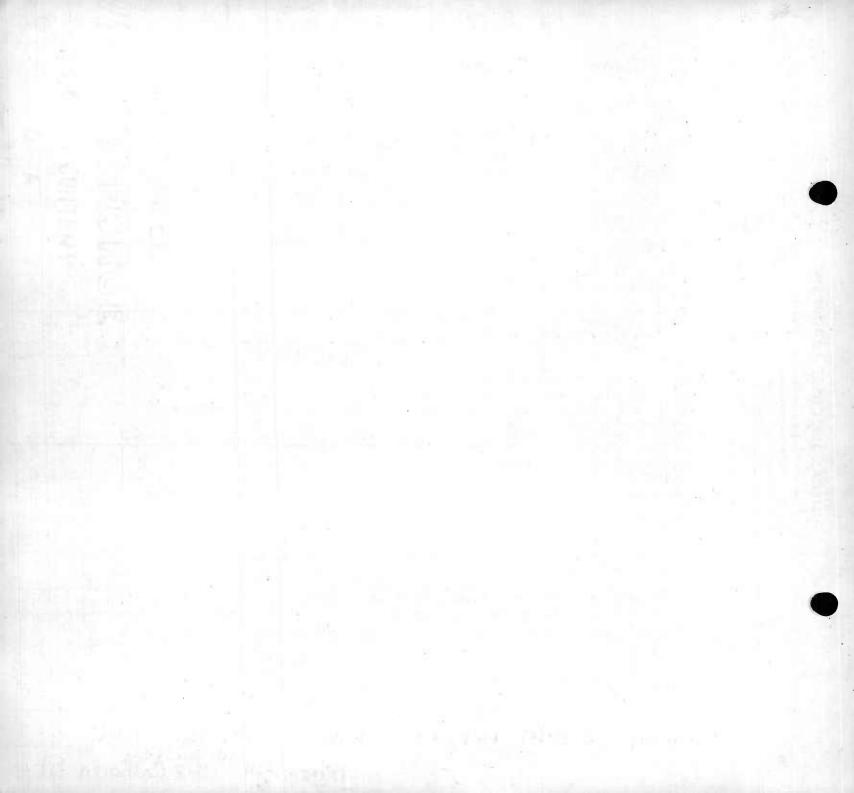
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MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

69	2516

BIRTH NO.	MED	DICAL EX	KAMINER'S	CERTIFI	CATE OF	DEATH	REG. NO)	0 2	U.LO
1. NAME OF DE (Type or Print)	JOHN E	BERRY		2. DATE OF DEATH	Known X	Month March	6, 19	Yeor 69	Hour	м.
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION	3. DATE PRONO	UNCED DEAD	Month March	6, 19	Yeor 69	5:28	A. M.	
OR INSTITUTION	Lutheran Hos		(DOA)	5. USUAL F A. STATE	ESIDENCE (Where Maryland		ed. If institutions. COUNTY	on: residence	before odm	
6. SEX	7. RACE		NEVER MARRIED	C. CITY OF			D. INSIDE O	CITY LIMITS?	0	/-
Male	Negro	WIDOWED	-		Baltimore			YES X	NO 🗌	
9. DATE OF BIRT	TH 10. AGE (I lost birthele		nder Yr. If Under 24 Hrs. hs Doys Hours Min.	E. STREET	4950 Clif	ton Av				
11. BIRTHPLACE	(State or foreign country)		TIZEN OF	13. FATHER					MRI	
	UPATION (Give kind of work working life, even if retired)	14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NAM	ME .				
16. WAS DECEAS	SED EVER IN U.S. ARMEI	of service)	17. SOCIAL SECURITY NO.	B. INFOR	MANT P	Perr	()	ADDRESS SQ	Me	
19. 41 1-	2 4.		CAUSE OF DEA	TH	PIT OF C		7		PPROXIMATE I	
DISEA	SE OR CONDITION DIRE	CTLY	Arterioscl	erotic	cardiovas	cular o	diseas		WEEN ONSET	IND DEATH
heart failur	LEADING TO DEATH not meon the mode of dy e, osthenio, etc. It meons the mplication which coused de	e diseose,	(A)IMMEDIATE O	AS A CONSEC	UENCE OF:					
DISEASES RISE TO TH UNDERLYI	OR CONDITIONS, IF AN IE ABOVE CAUSE (A) STA NG CONDITION LAST. II NIFICANT CONDITIONS C	ONTRIBUTING	(B)(C)	as a conse	QUENCE OF:					Dickeler die geleichte der die geleichte der der der der der der der der der de
DISEASE O	R CONDITION GIVEN IN P	ART 1 (A).		10000 w w w m m m m m m m m m m m m m m m						
ZOA. DATE O	OF OPERATION 20B. CO	NDITION FOR	WHICH OPERATION W	AS PERFORM	MED			21. AUTO	OPSY? (Yes	or No)
UNDERLYING	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.	22B. F home	PLACE OF INJURY(e.g., , farm, factory, street, offic	in or obout : e bldg., etc.)	22C. WHERE DID (NJURY OCCUR?	(If in Boltimore	City, give e	xoct locotion)	No_	
	(Month) (Doy) (Yeo	W		WHILE O	22F. HOW DID IN.	JURY OCCU	R?			
23.			TORK AT W	OKK [
I cer	tify that I held on I	nquiry	Inspection X Au	top sy	ond that on th	nis basis, d	deoth in m	y opinion		
resu	Ited from: Natural cou	ses X A	scident Suicio		omicide CHIEF MEDICAL E	Undetermin	ed manner			
ACTUAL	1 Y / /\ A	87.0	got M.D		ISTANT MEDICAL E		X		DATE SIG	NED
EXAMIN NAME (NER'S Charles	S. Spri	ngate, M.D.	ASSO	OCIATE MEDICAL E	XAMINER	□ Ma	arch 6,	1969	
24A. BURIAL CRE	MATION, 24B. DATE	24	C. NAME of CEMETERY	or CREMATO	DRY. 24D.	LOCATION	(City, to	wn, or county) (St	ote)
-SURIF	7 3-10	-69 :	Balto, N	at!	Cem.	Bal	90.	Md.		
25A. DATE REC'E	BY HEALTH DEPT.	25B, NAME	OF REGISTRAR	25C.	FUNERAL DIRECTO	DRO. R.	Bailer	ADDRESS		(

HY SHEET IN HIT ON BELLEVILLE





	69 2519 CENTIFIC	ATE OF BEATH PEG NO DO 251	7
56656	BIRTH NO. CERTIFIC	ATE OF DEATH REG. NO.	
as as the state of	I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
- 0 0 E		319/64 1 7/	5 A.
The Dort	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where doceosed lived, If institution: residence before ad	mission)
5 0 0	THE NAME OF STREET	A. STATE B. COUNTY	01
	HOSPITAL OR ADDRESS OF LOCATION	MARYLAND 7-0	
Se Ca	INSTITUTION		
c 35.	3 ./ ./		
T	JOHNS HOPKINS HOSPITAL		
ad a b b		8. DATE OF BIRTH 9. AGE (In years III Under 1 Yr. III Under	24 Hrs.
triin Begun		Months Doys Haurs	Min.
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	done during most all working life, even if retired}	C A	DONIKIT
oe or shiring	TYONE	USA USA	
t d	l .	14. MOTHER'S MAIDEN NAME	
	Thomas Middleton	Jenny Brown	
P d d	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	17. INFORMANT ADDRESS	
kir kir de de	A/A	MARIE MARREY IFIZARD Tet CL	
** ~ 70 0 .	18. CAUSE OF DEA	THE	YERVAL
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er. cturar	injury or complication which caused death.)		
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is is	UNDERLYING CONDITION last. (C)	***************************************	
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8-1275	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
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med M	☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIDE OF CONDITION GIVEN IN PART 1 (A).	Rheumatoid Arthrilis 20 ye	ara
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	xaminer or his assistant if death occurred in a hospita caminer. Also, if the direct or contributing cause of A fracture of any kind; (4) Undetermined cause; (5) Decento pronounced death was in regular attendance or the deceased prior to death.	I. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION 5. SEX 6. RACE WIDOWED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST) done during most of working life, even if refired) 13. FATHER'S NAME Thomas Middleton 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dales of service) 18. John School Death (This does not mean the made of dying, e.g., heart failure, asthenia, etc., II means the disease, injury or complication which caused death.) 18. John School Death (This does not mean the made of dying, e.g., heart failure, asthenia, etc., II means the disease, injury or complication which caused death.) DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	INAMAKE OF DECEASED (Type or Pani) 3. PLACE IN SALTIMORE MARTLAND, WHERE PRONOUNCED DEAD 3. PLACE IN SALTIMORE MARTLAND, WHERE PRONOUNCED DEAD 4. STATE 8. COUNTY 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 8. COUNTY 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 8. COUNTY 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 8. COUNTY 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 8. COUNTY 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 8. COUNTY 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 8. COUNTY 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 1. USUAL RESIDENCE (Where deceased lived, II Institution residence before or A. STATE 1. USUAL RESIDENCE (Where, II Institution residence lived, II Institutio

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	s re	000
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	in Ac	Pe
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	his hov	rrit
	F + 0 5	⊽ ≶

BIRTH NO.		69 2	CERTIFICA	HEALTH DEPARTMENT	Registered Na.	0 2520
M.E. CASE		00 ~	CERTIFICA			3 5050
(Type or Pri	Marie F	7 6	ceell	2. DATE AN	D HOUR OF DEATH	bles .
3. PLACE	OF DEATH IN BALTIMORE,	MARYLAND	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. USUAL RESIDENCE (When	e deceased fived. If insti	tutian: idence befare Admiss
P						
HOSPITA	AL OR oddress or loc	pital or institutio cation)	n, give street	C. CITY OR TOWN (If our	Iside city limits, write RU	RAL ond give township)
INSTITUT	Ben See	-				
27				D. STREET ADDRESS (IF		
	Hispi.	19/		2708 R.		
5. SEX	6. RACE	7. MARRII WIDOV	ED, NEVER MARRIED VED, DIVORCED (specify)	,	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours Min
/			w	1/8/13	56	
	most of working life, even if retire		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
				md.		4.5.
13. FATHER	-			14. MOTHER'S MAIDEN NA	ME	
F	rederick	CPU	asky	Nell		
5. Wos De	nknown) (If yes, give war or	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	7-37 gree ratio		JECORITI NO.	Mrs Lillian MR	Beers - 2708	Ritterhan
1B. //	1241		CAUSE O	F DEATH	(100 =	INTENHOUSE ME - INTERVAL BETWEEN ONSET AND DEATH
/	DISEASE OR CONDITION	DIRECTLY		5 0 11	/ ,	ONSET AND DEATH
(91)	LEADING TO DEA		(A)	Keual Th	nom voses	
heart	does nat mean the made failure, asthenia, etc. It me	eans the diseas	se.			
injury	ar camplication which cau			ASCUD		
	ANTECEDENT CAU		DOE 10		**************************************	
	SES OR CONDITIONS,		ng he (C)			
UNDE	RLYING CONDITION last.	·			** ** 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Z	11					
≅ to t	R SIGNIFICANT CONDITION HE DEATH BUT NOT	RELATED TO				
U 19A. D.	SE OR CONDITION CAUSIN	CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIR	IDINGS CONSIDERED
	WAS	PERFORMED	*	No	IN CERTIFYING CAUS	ES OF DEATH?
U 21A. A	CCIDENT WAS UNDERLYIN	G [TIB. PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
	(notify medical examiner)		etc.)	mee blug., INJORI OCCOR:		
21D. TI	ME (Month) (Doy) (Y	eor) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJ			While At Not While Wark Not Wark	e		
22 1 6	eartify that (1) (this has			2-22	1069	3 - 7 1969
) (we) last sow the dece		2	and the second s		on death accurred an the
	1110		/*·		or in(my) (our) upini	on death accurred an the
	GNATURE CONTRACTOR	Stated above.	(I) (me) (ala) (ala not) v	iew the body ofter death.		3B, DATE SIGNED
	Z/VX l	e all	wac, M.D. Atte	ending Med.	Staff	3-7-69
23 C. PH	IYSICIAN'S		Phy	s. Director 23D. ADDRESS	Phys.	
NA	AME ITYPE BENI	TO M	ARTINE BLO.	BON	SECO	TURS HOS
	AL CREMATION, 24B. DATE	1.	NAME of CEMETERY OF CRI	EMATORY 24D. LO	OCATION (City,	town, or county) (Stat
BUR	1AL 3/10	169 N	ow CATho die	1 Com	Ocelo,	nd
25A. DATE	REC'D BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	11 0	ADDRESS
	1003	Vokavi	E. Janear Mile	thomas X	Lorsey her 1	Deto mo
'S 150-REV	7. 1/1/65	+ + (3 7 U D	9	1	7



69 2521 BALTIMORE CITY HEALTH DEPARTMENT

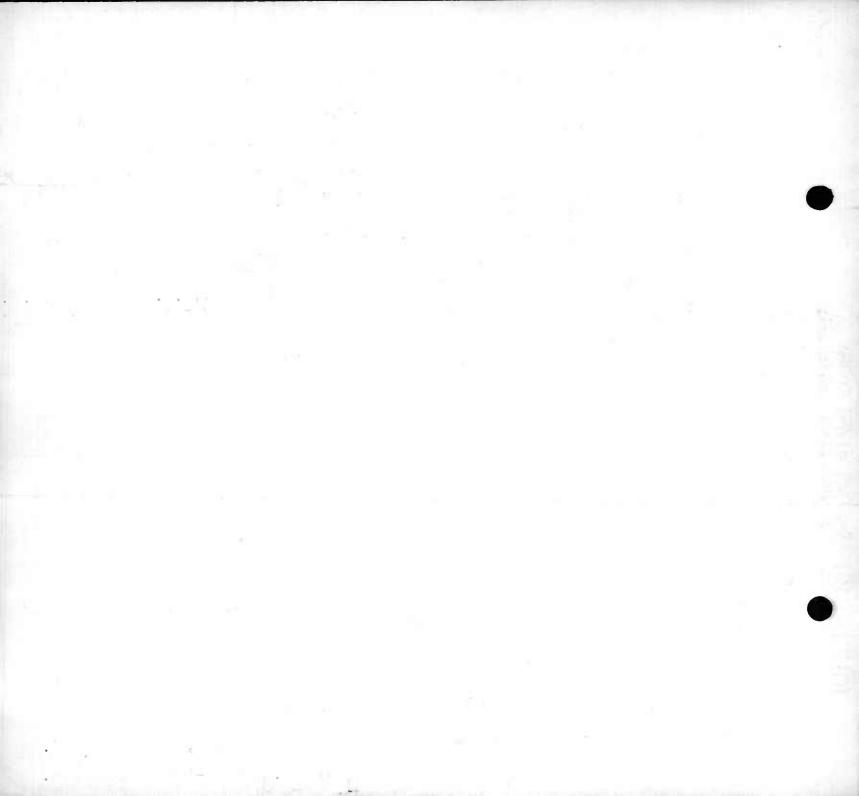
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BIRTH NO.	DICAL EXAMINER'S	S CERTIFI	CATE OF	DEATI	H REG. NO			JCT.
1. NAME OF DECEASED *		2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(Type or Print) CHARLES A.	HARTMAN	OF DEATH	Estimoted 🔯					М.
4. PLACE IN BALTIMORE, MARYLAND,		3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSE HOSPITAL ADDRESS OR LO	PITAL OR IN ST ITU TI ON, GIVE STREET CATION)		UNCED DEAD		3, 1969			P. M.
42		A. STATE	RESIDENCE (When		B. COUNTY	residence b	etore oam	ission)
South Baltimore G			yland			Arund	el 5	2-6
6. SEX 7. RACE	8. MARRIED NEVER MARRIED	C. CITY OF	RIOWN		D. INSIDE CIT	Y LIMITS?		
male white	WIDOWED DIVORCED		adena		YE:	s 🔲	NO K	
lost birth	(In years If Under 1 Yr. If Under 24 doy) Months, Doys, Hours, 1		AND NUMBER					
2-8-1923 4	7		Bar Harbo	or Road				
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME					
Maryland	U.S.A.	Cha	rles A. H	artman				
14A. USUAL OCCUPATION (Give kind of wo	ork 148. KIND OF BUSINESS OR INDU	STRY 15. MOTH	R'S MAIDEN NA	WE				
Mechanic	Western Md, Railr	oad Par	line Rege	r				
16. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown) (If yes, give wor or don	ED FORCES? 17. SOCIAL	1B. INFOR	MANT		AD	DRESS		
Yes WW II	SECORITINO.		. Catheri	ne A. F	Jartman	Sar	70	
19 018 X	CAUSE OF				Name (1917)	AP	PROXIMATE I	
DISEASE OR CONDITION DI	DECTIV 37.1.					DETW	LEIA OIAOEI	NIND DEATH
DISEASE OR CONDITION DI	(A)IMMEDIA	iple Inj	uries					
(This does not mean the mode of	dying, e.g., DUE TO.	OR AS A CONSE	QUENCE OF:					
heort foilure, osthenio, etc. It meons injury or complication which coused								
DISEASES OR CONDITIONS, IF A	NY GIVING (B)	OR AS A CONSE	QUENCE OF:					
RISE TO THE ABOVE CAUSE (A) S	TATING THE							
UNDERLYING CONDITION LAST	(C)							
II OTHER SIGNIFICANT SOMETIONS	CONTRIBUTING							
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 20A. DATE OF OPERATION 20B. C	TO THE TERMINAL							
DISEASE OR CONDITION GIVEN IN		I WAS DEDSON	15D			In AUTO	PSY? (Yes	os No
O A	ONDITION FOR WHICH OPERATION	N WAS PERFOR	WED					01 140)
	loop Bi . or or willing			44		1	Yes	
O LINDEDLVINGTADE CONTRIB	228. PLACE OF INJURY(home, form, foctory, street,	e.g., in or obout office bldg., etc.)	INJURY OCCUR?				2	4-01
☐ UTING ☐ CAUSE OF DEATH.	Truck Ya		WMRR Pig	gy-Bac	k Yards	- Por	t Cov	ingto
22D. TIME (Month) (Doy) (Y OF INJURY	ear) (Hour) 22E.INJURY OCCURE		22F. HOW DID IN		9			
		AT WORK	two piggy			whil	e loa	ding
23.		. 🖃	them on f		-			
I certify that I held on		Autopsy X	and that an t	his basis,	deoth in my	opinlan 		
resulted from: Notural c	ouses Accident XX Su	vicide 🔲 H	omicIde 🔲	Undetermin	ned manner L			
100	16 + 1		CHIEF MEDICAL	EXAMINER			DATE SIG	NED
SIGNATURE WALLS	Worl.	M.D. ASS	ISTANT MEDICAL	EXAMINER	X			
EXAMINER'S Werne	r U. Spitz, M.D.		OCIATE MEDICAL	EXAMINER			3/4/6	9
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMET			LOCATION		, or county) (St	ote)
Burial 3_7.	69 Glan H	aven .	FUNERAL DIRECT	Glen Bi	rnie. M	d.		
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C.	FUNERAL DIRECT	OR	Al	DDRESS		
MAR 10 1969	(12 5 8 20 Page	Ge	eorge J. G	once l	1001 Rit	chie,	Hgwy.	212
	all the said of the said of			<u> </u>				

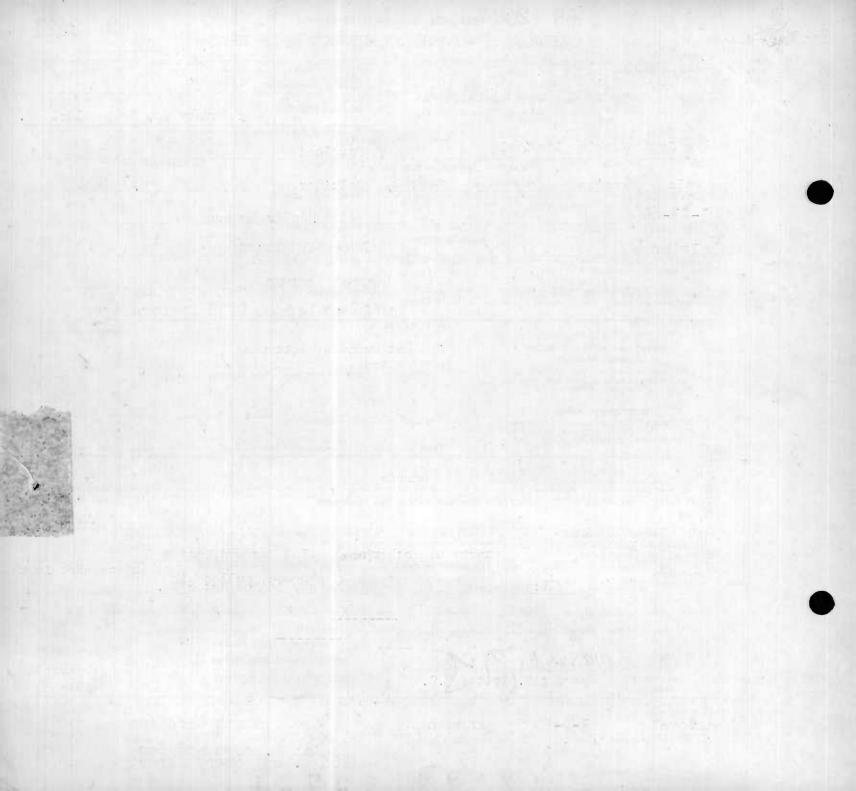


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C	-52	69 2523 CERTIFICATE OF DEATH REG NO 69 2523
	0 + 0 0 + 0	BIRTH NO. 69 2523 CERTIFICATE OF DEATH REG. NO. 69 2523
	death death eased n the	I NAME OF DECEASED
	B 00 .	Type or Print MILTON CHARLES CUNTHER 3.6.69 14 0 M
	of of of ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; sesidence before admission) A. STATE B. COUNTY
	- 00	
	a hose cause se; (5)	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
	- 34.	Kelington YES NOW
	ng ca	E. STREET AND NUMBER
	red ed o ar o pri	- 1 4201 Cathedral Ave
	occurre ontribut ermined regular sased p is made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years list under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
	occount prim reg ase	WIDOWED DIVORCED X · / · / Z - X - K
		10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	or nd a itio	Busaner Gunther Assoc. Inc. M1)
	TO CO	13. FATHER'S NAME
1-	direct or c direct or c ; (4) Under th was in on the dec	Marin A Guntler Rad el 1 0 to
Z		15. Was Deceased Eff. in U. S. Armed Forces? (Yes, na or unknown) (If yes, givo war or doles of service) SECURITY NO. 17. INFORMANT Nash. D.C. ADDRESS N. V.
1	sista the kinc dea nce inal	l No.
S		EIIZabe th duither -4201 Cathedral Ave
IMPORTA	is as any any any anda	DISEASE OR CONDITION DIRECTLY
3	Also e of noun atte	LEADING TO DEATH
_	be to see	this does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,
OR	e e t a p q	injury or complication which coused death.)
5	EFTODO	ANTECEDENT CAUSES
ECT	X A A S S	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
8	3 (3) e E	rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)
	ical rains; rain ain	
AL	edical edical burns; hysici n was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
8	2 0 5	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
NER	chief a n Body the p ysicie	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
5	200 - 5 -	
1	the all b ::(2) iere o pl	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21B. PLACE OF INJURY leag, in ar about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	where of both	O Old Transport (No. 1) (O. 1) (O. 1)
	pt pt (6)	21D. TIME (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Wark At Wark
	2000	Work At Wark
	24 C 9 04	22. I certify that (#) (this hospital) attended the deceased from 1969 to 3 - 6 1969
	of a	that (1) (we) lost sow the deceased alive an
	dent of death) must be	and hour and from the causes stated above. (1) (We) (did not) view the body after death.
	leased to leased to leased to lident of hospital o death)	23B. DATE SIGNED
	E 0 0 5 + 5	Attending Med. Staff 3 - 6 - 6 9
		23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	certificate sody was r rs: (1) An a D.O.A. at assed prior	FELIX J. MARTIN DEGREE University Mospital
	E & COBB	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERT of CREMATORY 24D. LOCATION (City, town, or county) (State)
	MS: WS: D. D.	Cremation 3/8/69 GreenMount Cemetery Baltimore. Md.
	This certif the body shows: (1) was D.O.A deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
		Austria Bonovan-3010 Rotand Ave.
		V\$ 150-REV. 1/1/68



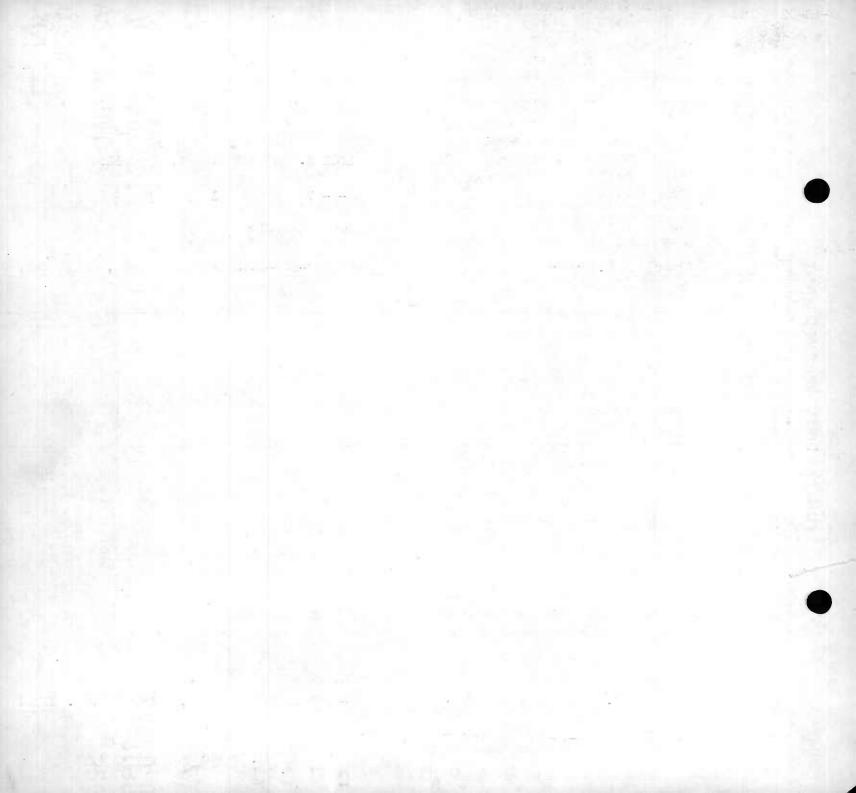
BIRTH NO. 1,9-0 4560 M	EDICAL EXAMINER	'S CERTIFIC	CATE OF	DEAT	H REG. NO.		~0~	'I
1. NAME OF DECEASED		2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(Type or Print) BABY	LEMON	OF DEATH	Estimoted 🔀					м.
4. PLACE IN BALTIMORE, MARYLAN	D, WHERE PRONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HO HOSPITAL ADDRESS OR LOR INSTITUTION	SPITAL OR INSTITUTION, GIVE STREET OCATION)		NCED DEAD SIDENCE (Where		uary 24,		10:30	TVI.
33 Johns Hopkins H		A. STATE Maryl	and	dece osed m	B. COUNTY	9-	08	,,
6. SEX 7. RACE	8. MARRIED NEVER MARRIE	C. CITY OR 1	IOMN		D. INSIDE CIT	TY LIMITS?		
male negro	WIDOWED DIVORCE	□ Balti	more		YE	s E	NO 🗆	
9. DATE OF BIRTH 10. AC	E (In years If Under 1 Yr. If Under 2 rthdoy) Months, Doys, Hours	4 Hrs. E. STREET Al						
3-23-69 11. BIRTHPLACE (Stote or foreign count	20		Harford	Avenue	2			
Baltimore	WHAT COUNTRY?		s L Lemme	om				
14A.USUAL OCCUPATION (Give kind of		USTRY 15. MOTHER	S MAIDEN NA	ΜE				
done during most of working life, even if ret	(red)	Queen	Lemmon					
16. WAS DECEASED EVER IN U.S. AR	MED FORCES? 17. SOCIAL	18. INFORM			A	DRESS		
(Yes, no or unknown) (If yes, give wor or d	lotes of service) SECURITY NO	Queen	Lemmon	2138	Harfor			
19. 26/31	CAUSE OF	DEATH					PROXIMATE INTE	
DISEASE OR CONDITION	DIRECTLY Gun sh	ot Wound o	f Buttock			-0.17		
LEADING TO DEAT	н	DIATE CAUSE	I Dattock	•0		43.1		
(This does not mean the mode heart failure, asthenia, etc. It mea	of dying, e.g., DUFTO	O, OR AS A CONSEQU	JENCE OF:					
injury or complication which couse	d de oth.)							
ANTECEDENT CAUSE	\0/	D, OR AS A CONSEQ	UENCE OF				****	
DISEASES OR CONDITIONS, IF	STATING THE	D, OR AS A CONSEQ	UENCE OF:			31.7	440	9
Z UNDERLYING CONDITION LA	(C)	******************					.03	· .
2								
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 20A. DATE OF OPERATION 20B.	D TO THE TERMINAL AND	oxia						7
20A. DATE OF OPERATION 20B.	CONDITION FOR WHICH OPERATIO	ON WAS PERFORME	D			21. AUTO	PSY? (Yes or	No)
JX J							Yes	(***
✓ 22A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB-	home, form, foctory, stree	et, office bldg., etc.) IN	JURY OCCUR?			ct locotion)	***************************************	***
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy)	uterus of mo		2138 Har					
22D. TIME (Month) (Doy) OF INJURY (APPROX.) 2/23/69	(Yeor) (Hour) 22E.INJURY OCCUI		abdomen, baby in t		PROLEI	er was	shot i	in t
23. I certify that I held an		Autopsy 🗓	and that an t			opinion		
resulted fram: Natural			micide 💭		-	_		
resulted from: Natural	couses Approved		HIEF MEDICAL E					
ACTUAL SIGNATURE	yh Dy		TANT MEDICAL		K		DATE SIGNE	
EXAMINER'S Werr	ner U. Spitz, M.D.	ASSO	CIATE MEDICAL E	XAMINER			2/25/69	,
24A. BURIAL CREMATION, 24B. DA		ETERY or CREMATO		LOCATION		, or county)	(Stote)
Damari-7 12 0	-69 Manning		S	outh	Caroli	na		
25A. DATE REC'D BY HEALTH DEPT	69 25B. NAME OF REGISTRAR	25C. F Isa TO	uneral directoriah L.B. W.Mont	rown	and So	DDRESS N		
		1200	410110	50mol	7 2010			,



MEDICAL EXAMINER'S CERTIFICATE OF DEATH RC. NO. NAME OF DECEASE				MED	OIC A I	-	ALTIMORE CIT				OF	DEAT	Н		03	2025
NAME OF DECEASED Name of State Name of S	Bi	RTH NO.		MILL	יוכאו	LLA	TIVIII YER	5 0	LICITION			ואכו	REG. I	٧٥	_	
PRACE IN BATHMORE MARTHAND, WHISE PROMONINGED DEAD Do. A.	1.	NAME OF DEC		OD T	77.4	DDTC			OF			Month	D oy			
FRONDINGED DEAD PRODUNCED DEAD PRODUCT DEAD PRODUNCED DEAD PRODUCT DEAD PRODUNCED DEAD PRODUCT DEAD PROD	4.	PLACE IN BAL								Lumina		Month	Day			
SOUTH Raito. General Rospital Sex	FL	ILL NAME OF	(IF NO	T IN HOSPITA	AL OR INS							Marc	ch 1.	196	59	
S. MARIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?	L		South	Balto	. Ger	neral			A. STATE	Marvla		receased i	B. COUN	TY	2	3-01
10 DISEASE OR CONDITION DIRECTLY DISEASE OR CONDITION DIRECTLY DISEASE OR CONDITION SET ANY, DIVING UNDER INJURY COMPANY OF SET	6.		7. RACE		B. MARI	RIED 🔲	NEVER MARRIE						D. INSID		7	ио П
1.2. CITIZEN OF WHAT COUNTRY) 1.2. CITIZEN OF WHAT COUNTRY) 1.3. MOTHER'S NAME STATUS	9.	DATE OF BIRT	H /2 2	10. AGE (li last birthda	(Y)				E. STREET A	ND NUMBI						
10. WAS DECEASED EVER IN U.S. ARRED FORCES? 17. SOCIAL TYNO. 18. INFORMANT 18. INFORMA	11	BIRTHPLACE (State or fare		5				13. FATHER	S NAME	Hamb	Tha	M.			
SECURITY NO. SECU					14B. KIN I	D OF BU	SINESS OR IND	USTRY	15. MOTHER	S MAIDEN	NAM	e na				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hort to remplication which caused the steese, injury or complication [8] DISTANCE TO REAL STEESE STEESE STEESE STEESE STEESE ST								D.	18. INFORM	IANT (40	Cen	218	ADDRE	ESS	a. a.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		(This does n heart foilure injury ar cor	LEADING To not meon the c, asthenia, ei mplication wh	O DEATH mode of dy c. It means the ich caused de	ring, e.g., e diseose,		DUETO), OR A	S A CONSEQ	Car	cle			ae C		
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNDERLOAD OR CONTRIB. UNDERLYING OR CONTRI	NOITAC	DISEASES RISE TO TH UNDERLYIN	OR CONDITE ABOVE CANDI	TIONS, IF ANY AUSE (A) STA TION LAST.	ONTRIBU	JTING		O, OR A	S A CONSEC	QUENCE OF:						
VES VINDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	EPTICI	DISEASE OF	CONDITION	GIVEN IN P	ART 1 (A).	HICH OPERATIO	N WA	S PERFORM	ED	~~~~~			21.	AUTO	PSY? (Yes ar No)
UTING CAUSE OF DEATH. 22D. TIME (Manth) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK NOT WHILE NOT WHILE AT WORK NOT WHILE	-	22A. EXTER										in Boltima	ore City, giv	e exoct loc		YES
22P. TIME (Manth) (Doy) (Yeor) (Haur) 22E.INJURY OCCURRED OF INJURY (APPROX.) Cortify that I held an Inquiry Inspection Autopsy XX and that an this basis, death in my apinian resolved from: Natural courses Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED	2	UNDERLYING				home, to	arm, foctory, stree	r, office	bldg., etc.)(II	NJUKY OCC	UK?					
Comparison Autopsy Accident Autopsy Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED	7	OF INJURY			r) (Hau	WHI	LE AT	NOT	WHILE	2F. HOW DI	ID INJ	URY OCC	UR?			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) BULLION BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) BULLION BURIAL CREMATION (City, town, or county) (Stote)		ACTUAL SIGNAT EXAMIN NAME (*	tedfram: WRR IER'S Type)	National cou	ies /	Wilso	nspection Dident S	_M.D.	ASSO	micide CHIEF MEDIC STANT MEDIC CIATE MEDI	CAL EX	Indeterm (AMINER (AMINER (AMINER	ined mann	3/2/6	69	
Land of the montgoney	R	EMOVAL (Spec	ity)	24B. DATE 3/7/	69	24C.	alt n	al	und	Anna I	G	Bal	City,	Cu) (Stote)
		A A	IAR A c	11.1.25	المال	10 E	. Acheut	14	V92	Bin	w	11	an m	rond	190	nel og k

Carolina British Condition on tower wines - JUST TUBE

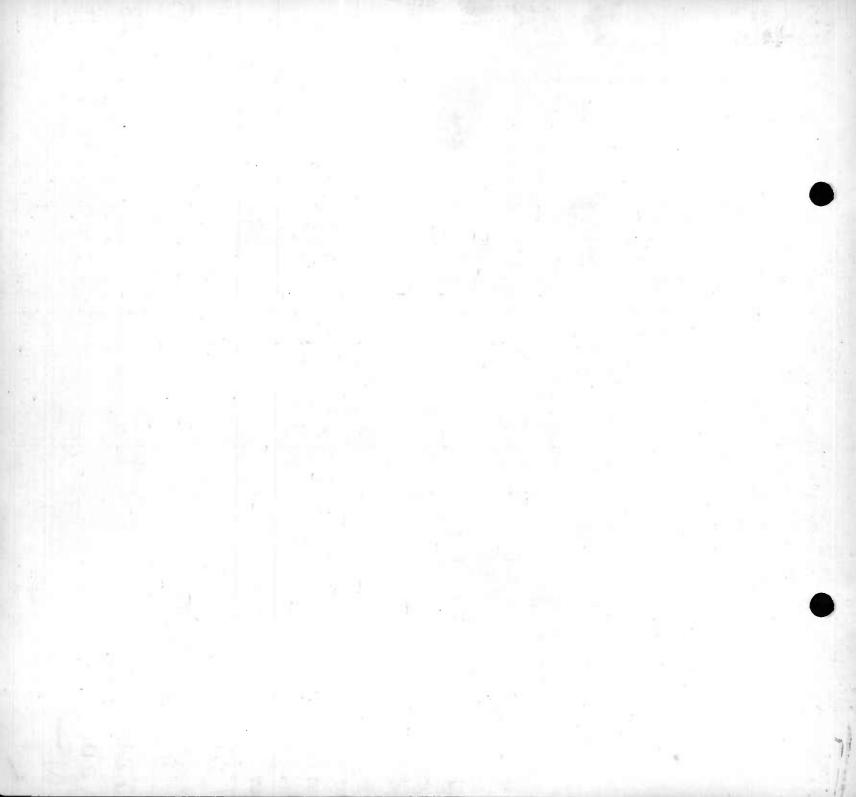
BIRTH NO. 3 1. NAME OF (Type or Print		ES 1	F. (REWS		AND HOUR OF DEATH	169 140	A. M.
3. PLACE IN B FULL NAME HOSPITAL O INSTITUTION	E OF (IF NOT IN HOSPI ADDRESS OR LOC BALTIMORE CIT 4940 EASTERN	TAL OR INSTITU ATION)	ITION, GIVE STREET	4. USUAL RESIDENCE (WA. STATE B. COL MARYLAND C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER	D. IN :	SIDE CITY LIMITS? YES NO NO	nission)
g e	BALTIMORE, MA		21224	1021 S. HANOV		21230	
MALE S. SEX	6. RACE NEGRO	7- MARRIEON WIDOWED	NEVER MARRIED DIVORCED	6-6-07	9. AGE (In years last birthday) 61	If Under 1 Yr. tf Under 2	24 Hrs. Min.
	OCCUPATION (Give kind of wor ost of working life, even if retired)	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for NORTH CAROLIN		12. CITIZEN OF WHAT CO	UNTRY?
0 % 13. FATHER'S	NAME			14. MOTHER'S MAIDEN N			
						AUCNUC DALMIMOE	or Mr
15. Was Deci	les F. Crews eased Ever in U. S. Armed Fo (nown) (If yes, give wor or dot	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	940 EASTERN	AVENUE, BALTIMOF	(E - NID
18. 7 /			212-09-6145 CAUSE OF DEAT			APPROXIMATE INTI	MDV (A)
(This do	ISEASE OR CONDITION D LEADING TO DEATH ares not meen the made of	dying, e.g.,	(A) IMMEDIATE CAL	JSE & PULMEN	ARY EMBOR	us day	
(This do heart fai injury at DISEASI rise ta	LEADING TO DEATH	dying, e.g., s the disease, d deoth.)	(B) ASCU	A CONSEQUENCE OF:	WE HEART FA	WURE Years june	aths
OTHER SITO THE	LEADING TO DEATH the ses not meen the made of the complication which causes ANTECEDENT CAUSE: ES OR CONDITIONS, if the obave cause (A) LYING CONDITION lost. II IGNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO OR CONDITION GIVEN IN PA	dying, e.g., the disease, deoth.) ony, giving stoting the ONTRIBUTING THE TERMINAL RT 1 [A].	(B) ASCU DUE TO, OR AS (C) PALL	A CONSEQUENCE OF: A CONSEQUENCE OF: (MONIA)	WE HEART FA	uure Years jane Vays Emonte	eaths
OTHER SID OTHER	LEADING TO DEATH the sea not meen the made of the complication which causes and the complication which causes and the complication which causes and the complication of the complication o	dying, e.g., the disease, deoth.) ony, giving stoting the ONTRIBUTING THE TERMINAL RT 1 [A].	(B) ASCU DUE TO, OR AS (C) PALL	A CONSEQUENCE OF: A CONSEQUENCE OF: WMONIA	WE HEART A	WURE Years june	eaths.
UN DERI	LEADING TO DEATH the sea not meen the made of the complication which causes and the complication which causes and the complication which causes and the complication of the complication o	ony, giving stoting the DNTRIBUTING THE TERMINAL RT 1 (A). NOTITON FOR WIFORMED	(B) ASCUDIE TO, OR AS (C). PARE PRACTION PLACE OF INJURY (e.g., i	A CONSEQUENCE OF: A CONSEQUENCE OF: MANARY MALIA 20A. AUTOPSY? (Yes. or)	No) 20B. IF YES, WERE IN CERTIFYING C.	LURE SEATS IN MILE 2 MAINTE	enths
DISEASI TO THE SITE OF THE DISEASE TO THE SITE OF THE DISEASE TO T	LEADING TO DEATH the ses not meen the made of the continue, astheria, etc. It means to complication which causes ANTECEDENT CAUSE: ES OR CONDITIONS, if the above cause (A) LYING CONDITION lost. II CONTINUE CONDITION S CONDITION S CONDITION GIVEN IN PARE OF OPERATION 198. CONDITION GIVEN IN PARE OF OPERATION 198. CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PARE OF OPERATION 198. CONDITIONS CON	ony, giving stoting the TERMINAL RT 1 (A). NOTION FOR WRFORMED 218, 1 home etc., J	(B) ASCUDIE TO, OR AS (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: MANARY MALIA 20A. AUTOPSY? (Yes or YES) In or obout 21C. WHERE DID INJURY OCCUR?	Not HEART FAIL	LURE YEARS , MILLS E FINDINGS CONSIDERED AUSES OF DEATH?	enths
OTHER SI TO THE DISEASE TO A COR CON TO THE DISEASE TO A COR	LEADING TO DEATH these not meen the made of the continue, astheria, etc. It means to complication which causes ANTECEDENT CAUSE: ES OR CONDITIONS, if the above cause (A) LYING CONDITION lost. II IGNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO OR CONDITION GIVEN IN PA TE OF OPERATION 198. COI WAS PEI CIDENT WAS UNDERLYING TRIBUTING CAUSE OF (notify medical examiner) TRY Triffy that (1) (this hospital (we) last sow the decease or and fram the causes star and fram the cause star and fram	ony, giving stoting the DNIRIBUTING THE TERMINAL RT 1 (A). VIDITION FOR WARFORMED (Hour) 21 B., home etc., Whill Work with the dalive an another above. (I)	(B) ASCUDIE TO, OR AS (C) PARTION PLACE OF INJURY (e.g., i e., form, foctory, street, of the property of the	A CONSEQUENCE OF: A CONSEQUENCE OF: MANARY MALIA 20A. AUTOPSY? (Yes or YES) In or obout 21C. WHERE DID In 18 CCUR? 21F. HOW DID II 19 69 and	Not HEART FA	E FINDINGS CONSIDERED AUSES OF DEATH? TES OTE City, give exact location)	he date



MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH.

BIRTH NO.		MEDIC	ALL	XAMINER 5	CEKTIF	CATE	OF DEAT	REG. NO.	- 12	
NAME OF DEC	EASED				2. DATE	Known	K Month	Doy	Yeor	lour
Type or Print)	QUEEN		LI	EMON	OF DEATH	Estimoted	□ March	7, 1969		2:00 P
. PLACE IN BAL					3. DATE		Month	Doy	Yeor	Hour
ULL NAME OF	(IF NOT	IN HOSPITAL O	R INSTITUT	TON, GIVE STREET	PRONC	UNCED DEA	March	7, 1969	1	2:00 P,
RINSTITUTION	, , , , , ,		,			RESIDENCE (Where deceosed li		: residence bef	
Johns H					A. STATE	Marylar	nd	B. COUNTY	9-	08
SEX	7. RACE	B. ₁	MARRIED	☐ NEVER MARRIED ☐	C. CITY O	R TOWN		D. INSIDE CI	TY LIMITS?	
emale	Negro	W	IDOWED	DIVORCED .	Balt	imore		YE	s 🗌 No	
3-I6-		10. AGE (In yea lost birthdoy)]		Under 1 Yr. If Under 24 Hrs. https://doi.org/10.1007/1	E. STREET	and number 88 Harf	ord Ave.			
. BIRTHPLACE (S	tote or foreign	country)	12.	CITIZEN OF	13. FATHE					
South (Caroli	19		WHAT COUNTRY?	02 -					
A.USUAL OCCU	PATION (Give	kind of work 14B.	KIND OF	BUSINESS OR INDUSTRY	15. MOTH	Veland ER'S MAIDEN	Pender	gast		
one during most of w	vorking life, eve	n if retired)			Mam:	le Pen	dergast			
S. WAS DECEASI				17. SOCIAL SECURITY NO.	18. INFOR		0	AI	DDRESS	
,	, , s., g., s w	/	,	JECOMITI ITO.	Mami	Pand	erga st	Mannin	g-S.C.	
19. = 0	14	X		CAUSE OF DEA	TH	· · · · cirio	-18a St		APPRU	MIMATE INTERVAL
200500	601	I DIDECTI							BEIWEE	N ONSET AND DEA
	E OR CONDII	ION DIRECTLY	4		Cı	nehot w	ound of	ahdomon		
4		node of dying,	e.g.,	(A)IMMEDIATE O	AUSE ONSE	DIENICE OF	ound of	abdomen		
heort foilure	, osthenio, etc.	it meons the disc	eose,	DUE 10, OK	AS A CONSE	QUENCE OF:				
injury or con	nplication which	coused death.)								
AN	NTECEDENT C	ALICES		(-)						
		NS, IF ANY, GI	VING	(B)	AS A CONS	EQUENCE OF:				
RISE TO THE	E ABOVE CAU	SE (A) STATING	3 THE							
UNDEKLTIP	NG CONDITIO	ON LAST.		(c)			7			
2		I								
OTHER SIGN	IIFICANT CON	DITIONS CONT								
DISEASE OR		RELATED TO THE SIVEN IN PART								
OTHER SIGN TO THE DEA DISEASE OR	OPERATION	20B. CONDI	TION FOR	WHICH OPERATION W	AS PERFOR	MED			21. AUTOPS	Y? (Yes or No)
5/1									Ye	C
C 22A. FXTER	NAL CAUSE V	VAS	122B	PLACE OF INJURY(e.g.,	in or shout	22C WHERE	DID (If in Boltima	ro City aiva ava	-	5
C) mrejane.	OR CONT		hom	e, form, factory, street, offic	e bldg., etc.)	INJURY OCC	UR?		Crioconony	
UTING CA	USE OF DEAT		, L	Home	THE MEN		larford A		7-0	Comment
OF INJURY	(Month) (Do	y) (Year)	, ,	22E.INJURY OCCURRED		22F. HOW DI	D INJURY OCC	UR?	C	
	2-23-69	11:40		WHILE AT NOT	WHILE X	Shot d	uring al	tercatio	n	
23.										
l cert	ify that I he	ldan Inqu	iry 🗌	Inspection 🗌 Au	tapsy XX	and that	on this basis,	deoth in my	opinion	
result	ted from: No	turol couses	П	ccident Suicio	le l	lomicide X	Undetermi	ned monner	7	
	01	00	_ (-		CAL EXAMINER			
ACTUAL	(1/4		1	1-					D	ATE SIGNED
SIGNATI	URE	200.		1 70 M.D	ASS	ISTANT MEDI	CAL EXAMINER	X		
EXAMIN NAME (1	Chai	cles S.	Sprin	ngate, M.D.	ASS	OCIATE MEDI	CAL EXAMINER		3-8	- 69
4A. BURIAL CREA		B. DATE	2	4C. NAME of CEMETERY	ar CREMAT	ORY	24D. LOCATION	(City, town	, or county)	(Stote)
Removal (Specification of the control of the contro	(y)	3-IO-69	,	Manning			South (Carolin	a	
SA. DATE REC'D	BY HEALTH D	EPT. 2	5B. NAM	E OF REGISTRAR	25C.	FUNERAL DI			DDRESS	
3 8	ALO TA		0 0	0 1.0.00	178	salah 1	.Brown	and So	n	
- 4	MAN 10	1969	Level	C. achiering	110	08 W.Mc	ontgomen	y Stre	et	
'S 151-REV. 1/1/68	1/18	79	14 1	9 11 17	0 0		A			

	NO.			CI	ERTIFICA	TE OF I		REG. N		
(Туре	ME OF DECI ar Print)	Seur TIMORE MARYLA	UM IND, WHERE P	Lione, PRONOUNCED D	PEAD	4. USUAL RE	ئ	nd Hour of D		an: residence before
FULL HOSI INSTI	NAME OF	(IF NOT IN ADDRESS O	HOSPITAL OR R LOCATION)	INSTITUTION, GI	IVE STREET	C. CITY OR TO		rore c	. INSIDE CI	1
4	6 La	utheran	. Hos	b, of	nd.	E. STREET AN	ND NUMBER		rove	
5. SE	M	JPATION (Give kind	WIDO		DIV ORCED _	8. DATE OF B	96	9. AGE (In year last birthday)	Man	Under 1 Yr. If Under 1 Haurs Haurs
dane d		working life, even if				Kings		amaca		
	Henry	Scurv				Agne	S			
(Yes, r	as Deceased 1a arunknown)	(If yes, give war	m ed Farces? ar dates of se	ervice) 16. SOCI	NO 116	17. INFORMAL 1 Mrs	Geral	dine Rol	binsor	n, Same
i	heart failure, njury or cam	oslhenia, etc. II aplication which	means the di caused death. AUSES	sease,)	()	ASC 1	UD.		0	
NO	heart failure, Injury or cam A DISEASES O ise to the JNDERLYING	oslhenia, elc. II plication which	means the dicaused death. AUSES S, il ony, (A) stating ast.	sease,) (B giving g the (C	DUE TO, OR AS	ASCI	UD.	M		
CATION	heart failure, njury or cam A DISEASES O ise to the JNDERLYING OTHER SIGNIF O THE DEATI	osthenia, etc. II uplication which ANTECEDENT C OR CONDITION IS O OBOVE COUSE CONDITION IS IL ICANT CONDITION H BUT NOT RELATE ONDITION GIVEN OPERATION 179	means the dicaused death. AUSES S, il ony, (A) stating ast. NS CONTRIBUE ED TO THE TERM IN PART 1 (A).	giving (B giving (C C C C C C C C C C C C C C C C C C C	DUE TO, OR AS	ASC ACONSEQUE 14 per	VD NCE OF: Tensu	O) 20B. IF YES, IN CERTIFYIN	WERE FINDING CAUSES	NGS CONSIDERED OF DEATH?
CAL CERTIFICATION	DISEASES OF THE DEAT OF THE DE	osthenia, etc. II uplication which ANTECEDENT C OR CONDITION IS O OBOVE COUSE CONDITION IS IL ICANT CONDITION H BUT NOT RELATE ONDITION GIVEN OPERATION 179	means the dicaused death. AUSES S, il ony, (A) stating ast. NS CONTRIBU ED TO THE TERM IN PART t (A). B. CONDITION AS PERFORME	giving (B giving g the (C)	DUE TO, OR AS	ASC A CONSEQUE 14 per	NGE OF: Tensue PSY? (Yes or No			NGS CONSIDERED OF DEATH?
MEDICAL CERTIFICATION	DISEASES OF THE DEAT OF THE DE	osthenia, etc. II uplication which ANTECEDENT C OR CONDITION IS OBOUT CONDITION IS	means the dicaused death. AUSES S, il ony, (A) stating ast. NS CONTRIBU ED TO THE TERM IN PART t (A). B. CONDITION AS PERFORME	giving g the (C	PERATION OF INJURY (e.g., i factory, street, al	ACONSEQUEI ACONSE	PSY? (Yes or No			
MEDICAL CERTIFICATION 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DISEASES Of the DEATH (notify) 11.A. A CCIDENT CONTRIBUTION OF THE DEATH (notify) 12. I certify hot (I) (we)	osthenia, etc. II plication which the plication which the plication which the plication which the plication of the plication	means the dicaused death. AUSES S, il ony, (a) (A) stating ast. NS CONTRIBU ED TO THE TERM IN PART t (A). B. CONDITION AS PERFORMED YING (Year) (Haut Despital) atter eccased alive	giving g the (C JTING MINAL FOR WHICH O 21B. PLACE Chame, form, etc.) 21E. INJURY While At Work Wark	PERATION OCCURRED Not Whil At Work	ACONSEQUEI ACONSEQUEI 14 Per 1 20 A. AUTO Non ar about 21 C. fice bldg., INJU 21 F.	PSY? (Yes or N.) WHERE DID IN.	URY OCCUR?	altimare City	
MEDICAL CERTIFICATION 1	DISEASES OF CONTRIBUTION OF CO	osthenia, etc. II plication which the plication which the plication which the plication which the place of th	means the dicaused death. AUSES S, il ony, (a) (A) stating ast. NS CONTRIBU ED TO THE TERM IN PART t (A). B. CONDITION AS PERFORMED YING (Year) (Haut Despital) atter eccased alive	giving g the (C JTING MINAL FOR WHICH O 21B. PLACE Chame, form, etc.) 21E. INJURY While At Work work and the decease an	PERATION OCCURRED Not Whil At Work DEGREE Attended to the property of the	20A. AUTO 20A. AUTO 20A. AUTO 21F. 21F. 21F. 2iew the body	PSY? (Yes or N.) WHERE DID IN.	URY OCCUR?	altimare City,	, give exact lacation)
MEDICAL CERTIFICATION To a series of the se	DISEASES Of the DEATH OF THE DE	osthenia, etc. II plication which the plication which the plant of the	means the dicaused death. AUSES S, il ony, (a) (A) stating ast. NS CONTRIBUED TO THE TERM IN PART t (A). B. CONDITION AS PERFORMED (Year) (Hause ceceased alives stated observed.	giving g the (C) JIING (C) JIING (C) JING (PERATION OF INJURY (e.g., i factory, street, all At Work Discontinuous did (did not) v DEGREE Phy	20A. AUTO 20A. AUTO 19 21F. 21F. 21F. 21F. 22D. ADDRESS	PSY? (Yes or N.) WHERE DID IRY OCCUR? HOW DID IN. Med. Director	JURY OCCUR? 19 5 7 to not in (my) (out short phys.) Burton	altimare City	death occurred o
MEDICAL CERTIFICATION THE CERTI	DISEASES OF CONTRIBUTION OF CO	osthenia, etc. II plication which the plication which the plication which the plication which the plant of th	means the dicaused death. AUSES S, il ony, (A) stating ast. NS CONTRIBUTED TO THE TERM IN PART 1 (A). B. CONDITION AS PERFORMEN YING (Year) (Haute becased alives stated obtained by the state of th	giving g the (C) JIING MINAL FOR WHICH O 21B. PLACE C home, form, form, form, form, order, fo	PERATION OCCURRED Nat While At Wark OSE from DEGREE Physical Attention of the property of	20 A. AUTO 20 A. AUTO 20 A. AUTO 10 A. AUTO 21 F. 21 F. 21 F. 22 F. 23 D. ADDRESS EMATORY Compaty y	PSY? (Yes or N.) WHERE DID IN. By Occur? HOW DID IN. Med. Director	SNORT DESTROY SNORT	altimare City, 3 p) opinion 238. (City, tax	death occurred o



24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

EUEL O & MAR

REMOVAL (Specify)
Burial

VS 151-REV. 1/1/6B

24B. DATE

			69,	252	BALTIMORE CITY H	EALTH DEP	ARTMENT				r	220
			MED	ICAL	EXAMINER'S			F DFA1	ТН	69	25	29
BIR	RTH NO.		MILD	TOAL	EXPANTITIEN	CLICIII	ICATE O	DEA	REG. NO		140	
1.	NAME OF DE	CEASED	S			2. DATE	Known 🗌	Month	Doy	Year	Hour	
			CARL			OF DEATH	Estimoted [M.
					RONOUNCED DEAD	3. DATE	OUNICED DE AD	Month	Doy	Yeor	Hour	
HO	L NAME OF SPITAL	(IF NO	T IN HOSPITA SS OR LOCA	AL OR INS	TITUTION, GIVE STREET	PROIN	OUNCED DEAD	March	8, 19	69	10:	45 A _M
OR	INSTITUTION					5. USUAL A. STATE	RESIDENCE (Whe	ere deceosed l	ived, If institution B. COUNTY	n: residenc	e before odr	nission)
C	0	827 Wes	st Mad:	ison	Street	A. SIAIL	Maryland		b. COUNT		17-	01
6.	SEX	7. RACE		B. MARR	IED NEVER MARRIED	C. CITY	OR TOWN		D. INSIDE C	ITY LIMITS	1	
1	Male	Negr	0	WIDOV	VED DIVORCED		8altimor	е	Y	ES X	NO 🗆	
9. [DATE OF BIRT	H	10. AGE (I	n yeors	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min	E. STREE	T AND NUMBER					
			71	,,,	Normal Doys (noors) Name		827 West	Madiso	n Stree	t		
11.	BIRTHPLACE (State or foreig	n country)		12. CITIZEN OF		ER'S NAME					
	Baltin	nore,	Md		UWHAT COUNTRY?	Jo	hn Coop	er				
				148. KIND	OF BUSINESS OR INDUSTR			AME				
aon	Retire		en irretirea)			Jo	sephine					
<u>16.</u>	WAS DECEAS	ED EVER IN	U.S. ARMEI	FORCES	? 17. SOCIAL	IB. INFO				DDRESS		
(Te:	ves	(If yes, give y	W 2	of service	security No. 220-18-94	75	MRs Marj	orie I	Villian	ıs,	1919	Hiller
	19. 41	o U.			CAUSE OF DE						APPROXIMATE	INTERVAL
	T/o	T OP COMP	ITIO AL DIDE	CTIV	Arterios	clerot	ic cardio	vascula	ar disea		I WEEN ONSE	AND DEATH
	DISEA	LEADING TO		CILY								
	(This does	not meon the	mode of dy	ing, e.g.,	(A)IMMEDIATE DUE TO, OR		EQUENCE OF:					
	injury or co	e, osthenio, etc. mplication whic	h coused de	oth.)						- 1		
		NITE CED ENIT	CAUCEC		-							
		OR CONDITION		Y. GIVING	(B) DUE TO, OF	R AS A CON	SEQUENCE OF:	***************				
	RISE TO TH	E ABOVE CAL	USE (A) STA	TING THE				1				
Z	ONDEREN	NO CONDIN	OIY LASI.		(C)							
Ĭ	OTHER SIC	NIFICANT CON	II	ONTRIBLE	TING	370						
Ö	TO THE DE	ATH BUT NOT	RELATED TO	THE TERM	INAL							
CERTIFICATION		R CONDITION			FOR WHICH OPERATION V	NAS PEREO	PMED			21 AU	OPSY? (Ye	s or No
CE					TOX TITLE OF EXAMENT	TERI O	KIII-D					,
AL	22A. EXTER	NAL CAUSE	NA/A C		228 DIACE OF INITIONIA	in at about	1 22C WHERE DIE	D /If in Baltim	ara Cibu sius su	ent location	No	
ō		G OR CON			22B. PLACE OF INJURY (e.g home, form, foctory, street, off	ice bldg., etc.	INJURY OCCUR	? (11 111 150111111	ore Criy, give ex	oci roconon	')	
MEDIC		USE OF DEA		1 ///) loos in Gerry To Country		22F. HOW DID 1	INTUINIV OCC	21100			
_	OF INJURY	(Month) (D	oy) (Yeo	r) (Hou		Y. OT WHILE	22F. HOW DID I	INJURT OCC	LUKI			
	(APPROX.)				m. WORK AT	WORK						
	23.	416. Ab = 4 1 b	-1.1 1		7 1			abia basia	donah in m			
	I certify that I held an Inquiry Inspection X Autapsy and that on this											
	resu	ted fram: N	atural cau	ISGS A	Accident Suic	ide 🔲	Homicide		ined manner			
	ACTUA	(%)	X	1	d'i A		CHIEF MEDICAL				DATE SI	GNED
	SIGNA	V	and	7.	y gral M.	.D.	SSISTANT MEDICA					
	EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER M									arch	9, 196	9

24D. LOCATION

O

Cemetry Poltimore

Adolphus

(City, town, or county)

Halstead 1206 W North Ave

(Stote)

24C. NAME of CEMETERY or CREMATORY

National

25B. NAME OF REGISTRAR

be 827 madison ave.

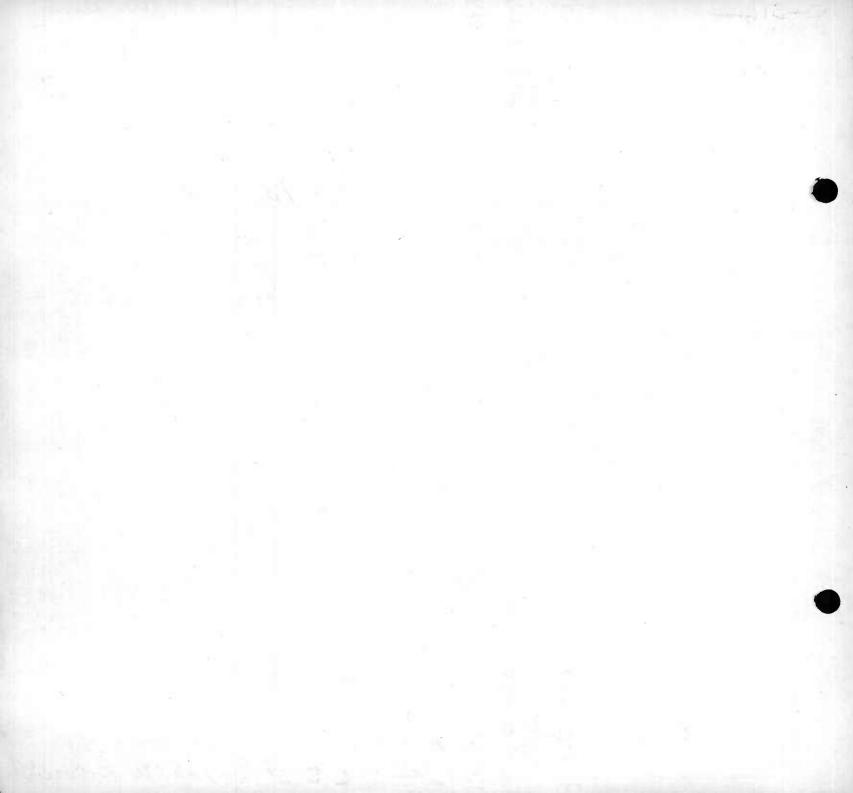
205

Constitution of the constitution of the constitution of

	69 2530 CEPTIFIC	CATE OF DEATH REG. NO. 69 2530
	MAME OF DECEASED	2. DATE AND HOUR OF DEATH
II.	Type or Print John Edmund Walsh, Sr.	7:15 AM 3/8/691
I	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived./// institution: residence before admission B. COUNTY
II.	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Foward 63.00
*		C. CITY OR TOWN D. INSIDE CITY LIMITS?
K	University of Maryland Hosp.	E. STREET AND NUMBER
3	SEX 6. RACE 7. MARRIED LANGE	143 Brookwood Rd.
	6. RACE WIDOWED WOONGED	
i	OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST one during most of working life, even if refired)	TRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNT
_	Supervisor Gast Elec. Co	Maryland USA
1	3- FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	David Walsh	Virginia Walsh
ä	5. Wos Doceosed Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of sorvice) SECURITY NO.	17. INFORMANT ADDRESS
ŀ	18. 212-05-3085	
	DISEASE OR CONDITION DIRECTLY	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	I FADING TO DEATH	CAUSE Intracerebral Hemorrhage AS A CONSEQUENCE OF:
	hoost failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES	
ı	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR	AS A CONSEQUENCE OF:
	rise la lhe abave cause (A) staling the UNDERLYING CONDITION last. (C)	
١,	11	
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CEPTIEIC ATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
TEPT	21A. ACCIDENT WAS UNDERLYING 1218 PLACE OF INJURY	No
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	affice bldg., INJURY OCCUR? (If In Boltimore City, give exect location)
4	21D-TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURED	}
FDICAL	OF IN LIDY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
MEDICA	OF INJURY (APPROX.) While AI Not Wark At We	21F. HOW DID INJURY OCCUR?
MEDICA	22. I certify that (I) (this hospital) attended the deceased from	/hile / / / / / / / / / / / / / / / / / /
ACION	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on 3/8/69	/hile
AMEDICA	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on 3/8/69 ond hour and fram the causes stated above. (I) (We) (did) (did not)	/hile
ADIOAM	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on 3/8/69 and hour and fram the causes stated above. (I) (We) (did) (did not) 23A. SIGNATURE	/hile
ACIOSW	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased above. (I) (We) (did) (did not) 23A. SIGNATURE The Matjacka, Ph. D. A. P.	Thile
ACICIAN	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased above. (I) (We) (did) (did not) 23A. SIGNATURE The Matjacks April 123C. PHYSICIAN'S NAME (Type)	Attending Med. Director Phys. 23D. ADDRESS
AARD	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on 3/8/69 and hour and fram the causes stated abave. (I) (We) (did) (did not) 23A. SIGNATURE That are a percentaged on the property of the proper	/hile
24	22. I certify that (I) (this hospital) attended the deceosed from that (I) (we) last sow the deceosed alive on 3/8/69 and hour and fram the causes stated abave. (I) (We) (did) (did not) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMOVAL (Specify) Burial DEGREE 24C. NAME of CEMETERY of CREMOVAL (Specify)	Attending Med. Staff Phys. 23B. DATE SIGNED 3/8/69 23B. DATE SIGNED 3/8/69 23D. ADDRESS 24D. LOCATION (City. town, or county) (Stole) 25D. ACT 25D. ACT
24	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased above. (I) (We) (did) (did not) and hour and fram the causes stated above. (I) (We) (did) (did not) and hour and fram the causes stated above. (I) (We) (did) (did not) and hour and fram the causes stated above. (I) (We) (did) (did not) and hour and fram the causes stated above. (I) (We) (did) (did not) and hour an	/hile



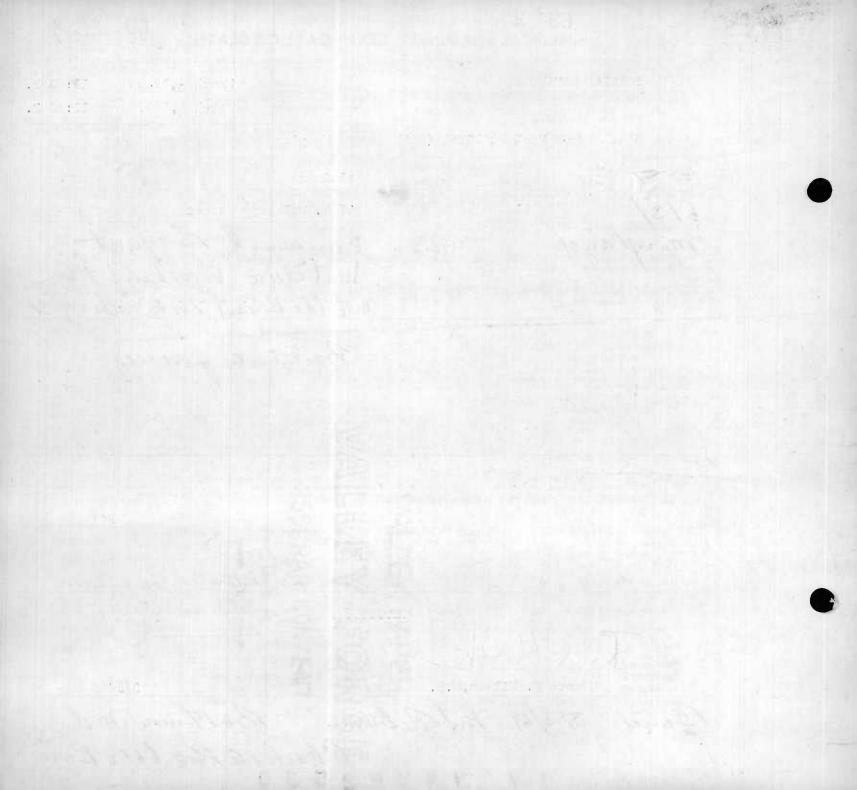
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69 2533BALTIMORE CITY HEALTH DEPARTMENT

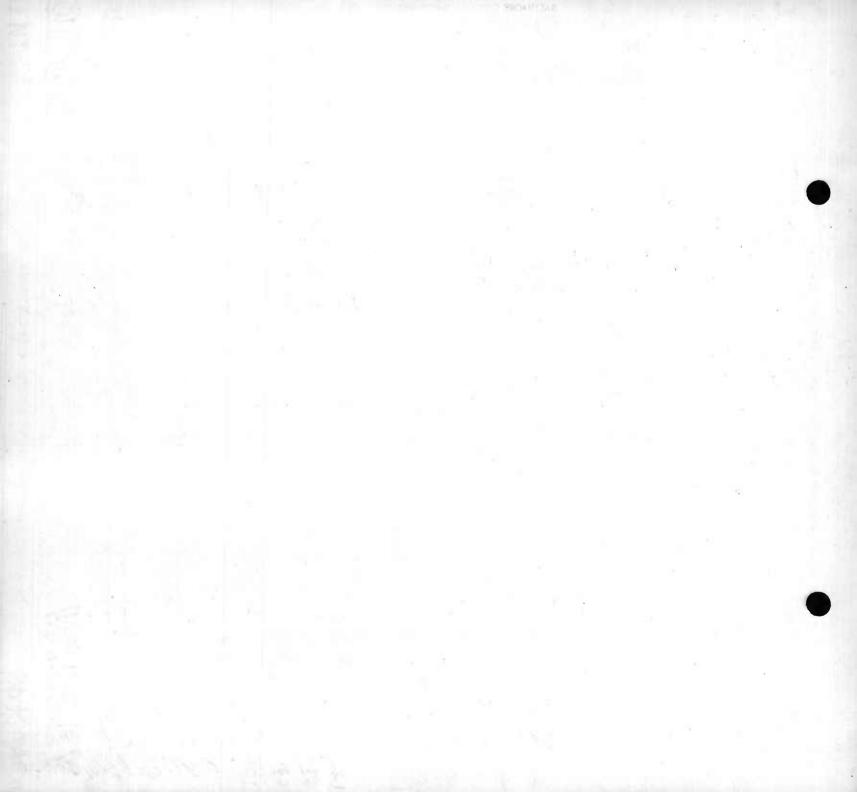
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DIE	OTH NO		MEL	ICAL	EXAMINER 5	LEKTIF	CATE OF	DEATE	REG. NO.			
	NAME OF D	ECEASED				2. DATE	Known 🗍	Month	Doy	Year	Hour	
(Ту	pe ar Print)	PORTIA	BRYAN	IT		OF DEATH	Estimoted		h 4,196		11:00	Pm
4.	PLACE IN B	ALTIMORE, MA	RYLAND, V	VHERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	_
HO	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR INSTITU TION)	JTION, GIVE STREET		UNCED DEAD		h 4,196		111:00	M.
- OK	INSTITUTION	MARYLAN	D GENE	RAL HO	SPITAL (DOA)	5. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission) A. STATE Maryland B. COUNTY						
0.0	SEX	7. RACE		B. MARRIE	NEVER MARRIED	C. CITY O	RIOWN		D. INSIDE CI	TY LIMITS?	;	
	Female	Negr	ro	WIDOWE	D DIVORCED	Balt	imore		Y	ES 🗌	NO	
9. 1	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.						AND NUMBER W. Mulberr	y Stre	et		JARU.	
11.	BIRTHPL ACE	(State or pareig	n country)	12	CITIZEN OF	13. FATHER		1	1		,	_
	mar	Man	d		WHAT COUNTRY	En	manue	el 1	Sry	land	1	
	USUAL OCC	MATION (Give		14B. KIND C	F BUSINESS OR INDUSTR		R'S MAIDEN NA	ME	1	,	1	
Jon	e doring most c	working life, ev	en irrenred)			Mo	relda	W	ash	ur s	Ton	
		ASED EVER IN			17. SOCIAL SECURITY NO.	IB. INFOR	MANT BOY	und.	7 DI 6:	DORESS	lerry	01
-	19.	2010	1		CAUSE OF DEA	TH TH	and son	janes !	1010	AP	PROXIMATE INT	ERVAL
)= }	18011			CAUSE OF BEA		V			BETW	EEN ONSET AN	D DEATH
	DISEA	ASE OR COND LEADING TO		CTLY		1	30 P. T.	0. 1	24600	121		
	(This does	not meon the	mode of dy	ing, e.g.,	(A)IMMEDIATE O	AS A CONSE	DUENCE OF:	are y	cocox	ing		
	heort foilu injury or c	re, osthenio, etc. omplication which	It meons the	e diseose, oth.)						1		
							200					
Р		ANTECEDENT S OR CONDITIE		r. GIVING	(B) DUE TO, OR	AS A CONSI	QUENCE OF:					
	RISE TO T	HE ABOVE CAL	JSE (A) STA	TING THE								
NO.					(C)							
CERTIFICATION	TO THE D	SNIFICANT CON	RELATED TO	THE TERMIN	IG AL							
RTI		OF OPERATION			OR WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes or	No)
S	1,									ye		,
4	22A. EXTE	ERNAL CAUSE	WAS	22	B. PLACE OF INJURY (e.g.,	in or obout	22C. WHERE DID	(If in Boltimore	City, give exc			
EDIC	UNDERLYIN	NG BOK CON	TRIB-	ho	me, farm, foctory, street, offic	e bldg., etc.)	INJURY OCCUR?					
Σ	22D. TIME	(Month) (D	oy) (Yeo	r) (Hour)	22E.INJURY OCCURRED	7	22F. HOW DID IN	JURY OCCU	R?		*	
	OF INJURY (APPROX.)	3	4 69	?	WHILE AT NOT	WHILE	- Buil	Letural	2 1	1 10 1	(m)	
1	23.		7 6 1	m	. WORK AT V	ORK 4	Buch		1	rasi		
	I ce	ertify that I h	eld an I	nquiry 🗌	Inspection Au	topsy X	and that an tl	his basis, a	leath in my	apinion		
	resi	ulted from: N	atural cau	ses 🗌	Actident Suicie	le 🗌 H	omicide	Undetermin	ed manner	9		
		7	0 -	TIA		72.15	CHIEF MEDICAL E	EXAMINER		-		
	ACTU		2	700	115	ASS	ISTANT MEDICAL E				DATE SIGN	ED
	SIGNA	INED'S			M.C		OCIATE MEDICAL E		7			
1		(Type) E	dward	F. Wil	son,M.D.	Y22	OCIAIL MEDICAL L	AAMINALK (3/5/6	9	
24	A. BURIAL CR	REMATION, 2	48. DATE	1	24C. NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, tow	n, or county	(Stote)
1	Jan	raf	3/10	169	milail	uru	1	Sal	Tomo	4 m	rd	0
25	A. DATE REC	D BY HEALTH	1969	25B. NA	WE OF REGISTRAR	25C.	EUNERAL DIRECT	OR K	Seo 6	DDRESS	Bar	20
VS	151-REV. 1/1/	/6B & 1 9	6 71	700	2 0 0 in	0 0	E 7 0	11	7 0	0 , 00	-	1



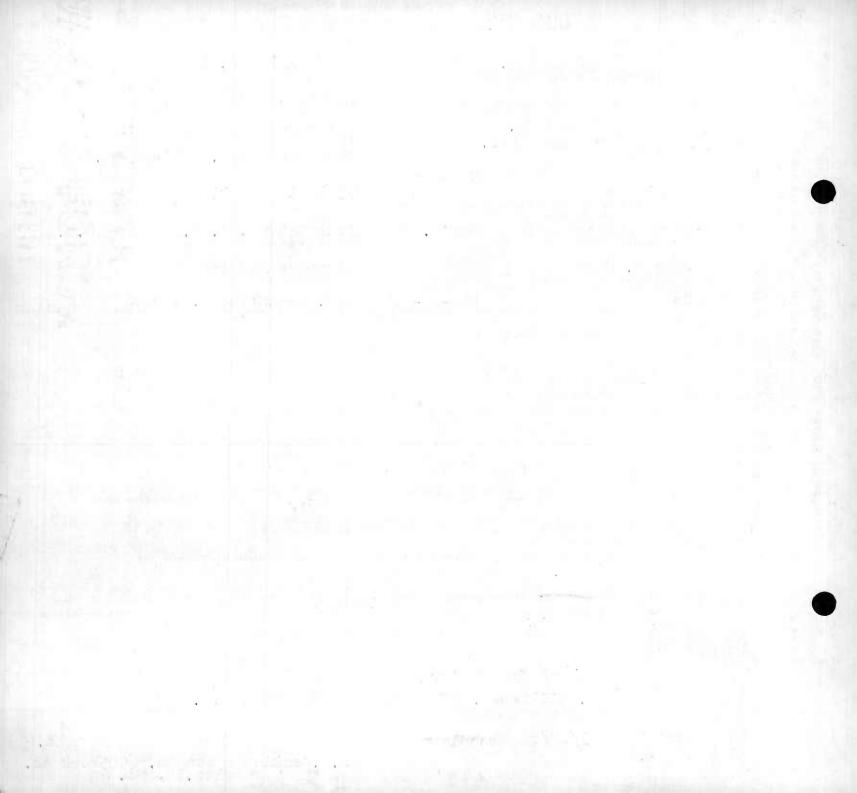
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BALTIMORE CITY HEALTH DEPARTMENT

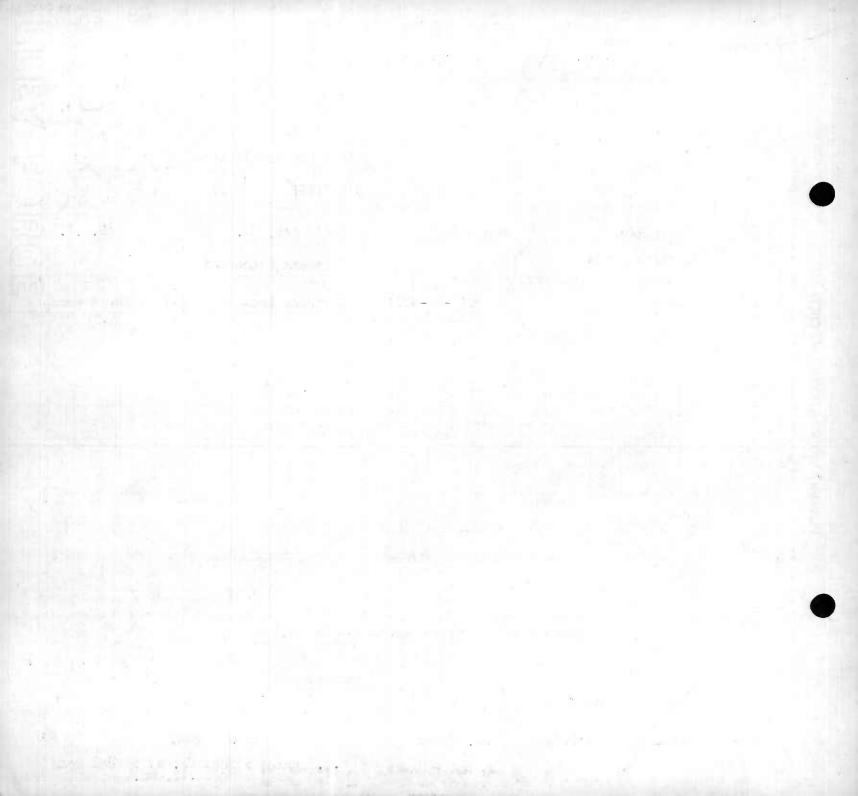


5 1.1	NAME OF DECEASED	TE OF DEATH 2. Date and hour of Death 3
	John S. Overton	March 6, 1969
FL	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
C	Jupland Bd. Park Lynn Apts.	Baltimore YES NO NO Park Lynn Apts.4 Upland Rd.
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED E	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., 1f Under
	M WIDOWED DIVORCED	8/3/1891 last birthdoy! Manths Days Hours
	A USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	
	ne during most of working life, even if retired)	Tono Telond N N N II G A
	etired Auditor State Govit.	Long Island, N. Y. U.S.A
15	John E. Overton Was Decased Eye in U. S. Armed Forces? 16. SOCIAL 1	Florence Hawkins 17. INFORMANT ADDRESS
(Y e	es, no oi unknawn) (If yes, give war ar dates af service) SECURITY NO.	
	NO 213-36-2722A	Mrs. Jeannette S. Overton (Same
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	CONSEQUENCE OF: CANSEQUENCE OF: Chorice Chorice
	DISEASES OR CONDITIONS, il ony, giving rise lo the above cause (A) stating lhe UNDERLYING CONDITION last.	A CONSEQUENCE OF:
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	nory tuberculous
ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALC		or obout 21 C. WHERE DID (If in Boltimore City, give exact location) ice bldg, NJURY OCCUR?
MEDI	OF INTURY	21F. HOW DID INJURY OCCUR?
<	(APPROX.) While At Work At Work	Dal / 100 / 241 //
	22. I certify that (I) (this hospital) attended the deceased from	19 Slucery 190 1 to a March 19
	that (1) (me) last sow the deceased alive on O MC Ch	19 69 and that in (my) (our) opinion death occurred an
	ond hour and fram the causes stoted obeye. (1) (We) (did) (did not) vi	ew he body ofter deoth.
	23A, SGNATURE Attended to the Phys.	ading Med. Staff Phys. 238, DATE SIGNED
		3D. ADDRESS
	Dr. William G. Helfrich	5006 Roland Ave.
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREATERN CONTROL OF CREATERN C	
	7 . 7 . 7 . 1/0	Woodlawn Md
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Woodlawn 25C. FUNERAL DIRECTOR H.W. Jenkins & SonsCo. 4905York F
15	150-REV, 1/1/6B	1 2 5 3 2 DHI 60 12, MG.

BALTIMORE CITY HEALTH DEPARTMENT



BIBITH NO THANK OF DEFABLE THANK OF DEFA	RIBERT NO RANKE OF DECENSED TYPE OF PRINCIPAL STREET THOU MAY S PLACE IN BALTIMORE MARTLAND, WHISE PRONOUNCED DEAD THE NATION HOSPITAL OR INSTITUTION, GIVE STREET RODRISJON EDGLATION THOUGH STATE THE NATION HOSPITAL OR INSTITUTION, GIVE STREET RODRISJON EDGLATION THOUGH STATE THOUGH S			HEALTH DEPARTMENT REGINO 69 2536
NAME OF DECRASED	NAME OF DECEASED HOMAS ALBERTA	BIRT	th No. 69 2536 CERTIFICA	TE OF DEATH REG. NO. 00 2000
ASTATE B. COUNTY	THE NAME OF ADDRESS OR LOCATION). QVE STREET OSPITAL OR ADDRESS OR LOCATION) OSPITAL OR INSTITUTION, QVE STREET OSPITAL OR ADDRESS OR LOCATION) OSPITAL OR SPLITAL OR INSTITUTION, QVE STREET OSPITAL OR SPLITAL OR SPLITAL OR INSTITUTION, QVE STREET OSPITAL OR SPLITAL OR SPLITAL OR INSTITUTION, QVE STREET OSPITAL OR SPLITAL OR SPLITAL OR INSTITUTION, QVE STREET OSPITAL OR SPLITAL OR SPLITAL OR INSTITUTION, QVE STREET OSPITAL OR INSTITUTION, QUE STREET	N.	AME OF DECEASED	W. MARCH-7-1969 1:10 A.
BALTIMORE SEX 6. RACE W WIDOWED DIVORCED 6/25/1881 60 AGE (in years with most of the part	SEX	FUI	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	Maryland B. COUNTY 27-38
S. SEK	S. SEX N. RACE 7. MARRIED NEVER MARRIED D. DATE OF BIETH O. A Det III. Years Months Mont	il .		E. STREET AND NUMBER
Baltimore, Md. U.S.A.	ADDRESS SATE ADDRESS SECRET NO. 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS		F WIDOWED A DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 F Months Doys Hours Min.
S. WED. Decessed Eve in U. S. Armed Fores? 16. SOCIAL SECURITY NO. 17. INFORMANT Lawrence Lockwood 311 Wendover Road 15. 40 - 3271 Lawrence Lockwood 15. 40 - 3271 Lawrence Lockwood 311 Wendover Road 15. 40 - 3271 Lawrence Lockwood	S. West Decessed Even in U. S. Armed Forces? SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL SECURIT NO. 215-40-3271 Lawrence Lockwood 311 Wendover Road APPROXIMATE INTERVAL Lawrence Lockwood 311 We	done	during most of working life, even if retired)	
Ves., no or unknown (If yes, give were or dates of service) 215-40-3271 Lawrence Lockwood 311 Wendover Road 215-40-3271 Lawrence Lockwood 215-40-3271 L	NO DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart biliver, soltherine, etc. It means the disease, injury or complication which caused defa.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving its to the above cause (A) stoling the UNDERLYING CONDITION TORK IT STOLEN TO THE STONE TO		Charles Smith	Eleanora Batchelor
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliure, astheria, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving its to the above cause (A) stating the UNDERLYING CONDITION lost. OF A MARCOLER OF CARDICOLASC. DISEASE OR CONDITION In Death at the obove cause (A) stating the UNDERLYING CONDITION FOR WHICH OPERATION PORTION OF AS A CONSEQUENCE OF: A MARCOLER OF CARDICOLASC. DISEASE OR CONDITION FOR WHICH OPERATION DISEASE OR CONDITION FOR WHICH OPERATION DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION DISEASE OR CONDITION OF CAUSE OF CONDITION FOR WHICH OPERATION DISEASE OR CONDITION OF CAUSE OF CONDITION FOR WHICH OPERATION DISEASE OR CONDITION OF CAUSE OF CONDITION FOR WHICH OPERATION DISEASE OR CONDITION OF CAUSE OF CONDITION FOR WHICH OPERATION DISEASE OR CONDITION OF CAUSE OF CONDITION FOR WHICH OPERATION DISEASE OR CONDITION OF CAUSE OF CONDITION FOR WHICH OPERATION DISEASE OR CONDITION OF CAUSE OF CONDITION FOR WHICH OPERATION DISEASE OR CONDITION OF CAUSE OF CONDITION FOR WHICH OPERATION DISEASE OR CONDITION OF CAUSE OF CONDITION FOR WHICH OPERATION DISEASE OR CONDITION OF CAUSE OF CONDITION FOR WHICH OPERATION DISEASE OR CONDITION OF CAUSE OF CONDITION FOR WHICH OPERATION DISEASE OR CONDITIONS CONTENBUNG DISEASE OR CONDITIONS DISEAS	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart feilure, estheric, etc. If meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF CORRESPONDED OR CONTRIBUTING CAUSE OF CORRESPONDED 20 A ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING OR CONTRIBUTING TO RECOVER CORRESPONDED 21 D. TIME (Monith) (Day) (Year) (Hour) 21E INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bidg, INJURY OCCUR? OF INJURY (APPROX.) 21 Certify that (N) (this haspital) attended the deceased from Z - Z / - 19 6 9 and that in (1992) (aur) apinian death accurred an that of the course	(Yes	no or unknown) (If yes, give wor or dotes of service) No 215-40-3271	Lawrence Lockwood 311 Wendover Road
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES IN CERTIFY OF DEATH Y	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 20 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID (If in Boltimore City, give exoct location) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (APPROX.) 22. I certify that (N) (this haspital) attended the deceased fram 2 - 2 / - 19 6 / 1 and that in (max) (aur) apinian death accurred an the and haur and fram the causes stated abave. (M) (We) (did) (Max) 21F. HOW DID INJURY OCCUR? (Month) (10 m) 21F. HOW DID INJURY OCCUR? (APPROX.) 22. I certify that (N) (this haspital) attended the deceased fram 2 - 2 / - 19 6 / 1 and that in (max) (aur) apinian death accurred an the and haur and fram the causes stated abave. (M) (We) (did) (Max) 23B. DATE SIGNED 23B. DATE S	CON	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (B) DUE TO, OR AS A HERO (C)	A CONSEQUENCE OF
TALACTORY WAS UNDERTING: OR CONTRIBUTING: OR CONTRIBUTING: OR CONTRIBUTING: DEATH (notify medical examiner) 21D. Time (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED While At Work Not While At Work 22. I certify that (N) (this haspital) attended the deceased fram 2 - 21 - 19 6 7 ta 3 - 7 - 19 6 7 that M) (we) last saw the deceased alive an 3 - 7 - 19 6 7 and that in (w) (aur) apinian death accurred an the cand haur and fram the causes stated abave. (Me) (did) (We) (view the bady after death. 23D. ASIGNATURE Attending Phys. 23D. ADDRESS Phys. CIAPYS CIAPYS 23D. ADDRESS	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. THME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work 22. I certify that (N) (this haspital) attended the deceased fram 2 - 21 - 19 6 7 and that in (max) (aur) apinian death accurred an the cause stated abave. (B) (We) (did) (ATTEND) view the bady after death. 230. SIGNATURE 231. PHYSICIANS NAME (Type) 232. PHYSICIANS NAME (Type) 233. PHYSICIANS NAME (Type) 234. ACCIDENT WAS UNDERL'ING (First of Final Rylege, and of obady after death. 234. BURIAL CREMATION, 24B. DATE 246. NAME of CEMETERY or CREMATORY 246. NAME (Specify) 247. CEMETERY or CREMATORY 248. DATE 248. DATE 246. NAME of CEMETERY or CREMATORY 240. LOCATION (City, town, or county) (State Removal (Specify))	U	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	IN CERTIFYING CALLERS OF DEATHS
OF INJURY (APPROX.) While At Not While At Work 22. I certify that (N) (this haspital) attended the deceased fram	OF INJURY (APPROX.) While At Work At Work 22. I certify that (N) (this haspital) attended the deceased fram 2-21- 19 69 ta 3-7- 19 6 that (M) (we) last saw the deceased alive an 3-7- 19 6 and that in (we) (aur) apinian death accurred an the cand have and fram the causes stated abave. (M) (We) (did) (We)		21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n or obout 21C. WHERE DID (If in Boltimore City, give exoct location) (If in Boltimore City, give exoct location)
that (W) (we) last saw the deceased alive an 3-7- 1969 and that in (we) (aur) apinian death accurred an the cand have and from the causes stated above. (B) (We) (did) (Alice) view the bady after death. 23A, SIGNATURE Attending Med. Director Phys. 3-7-1869 23C, PHYSICIAN'S 23D. ADDRESS	that (N) (we) last saw the deceased alive an 3-7- 1969 and that in (we) (aur) apinian death accurred an the cand have and from the causes stated abave. (N) (We) (did) (Alice D) view the bady after death. 238. SIGNATURE Attending Med. Stoff Director Phys. 3-7-1969 Phys. Phys. Clan's NAME (Type) JOSEPH NOTA RANGELO M. D. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote REMOVAL (Specify))	LED I	OF INJURY While At Not While	le 🗌
234. SIGNATURE Joseph Hotorongels M. D. Attending Med. Director Phys. 238. DATE SIGNED 3-7-1969 230. PHYSICIAN'S	23A, SIGNATURE GORDON Mod. DEGREE Attending Med. Director Phys. 23B, DATE SIGNED 3-7-1969 23C, PHYSICIAN'S NAME (Type) JOSEPH NOTA RANGELO M. D. DEGREE 23D. ADDRESS MERCY 40 SPITAL 24A. BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote	>		7 - 21 - 10 69 3 - 7 - 10 6
	JOSEPH NOTA RANGELO M. D. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote REMOVAL (Specify)		that (f) (we) last saw the deceased alive an 3-7-	19 6 9 and that in((aur) apinian death accurred an the



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69 2537 BALTIMORE CITY HEALTH DEPARTMENT

		L EXAMINER'S			DEAT		69	2537
IRTH NO.	MEDICA	L EVAMILLER 2	CERTIFICA	IL OF	DLAII	REG. NO		
NAME OF DECEASED			2. DATE	(nawn 🗌	Manth	Day	Year	Haur
WILLIAM F.	Fischer	FISHER	OF DEATH E	stimoted 💢				м.
PLACE IN BALTIMORE, A	ARYLAND, WHERE		3. DATE		Month	Doy	Yeor	Hour M.
JLL NAME OF (IF N OS PITAL ADD R INSTITUTION	OT IN HOSPITAL OR IN RESS OR LOCATION)	ISTITUTION, GIVE STREET	5. USUAL RESID		March	2,	1969	5:28 P.M.
2			A. STATE			. COUNTY	dii. residence	- X
Stieff Silv			Maryla	nd		- 1		-01
SEX 7. RACE	B. MA	RRIED NEVER MARRIED	C. CITY OR TOV	VN		D. INSIDE	CITY LIMITS?	
	ite WIDO		Baltim				YES X	NO .
DATE OF BIRTH Jan. 29, 1917	10. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Haurs, Min.			Street	Av	enue	
. BIRTHPLACE (State or for	eign cauntry)	12. CITIZEN OF	13. FATHER'S N	AME			<u> </u>	
Balto.	ML.	WHAT COUNTRY?	Hern	ian F. 1	Eischer			
A.USUAL OCCUPATION (Cone during most of warking life,	even if retired)	ND OF BUSINESS OR INDUSTR		resa Ot				
es, no o unknown) (If yes, give			18. INFORMAN	eth M.	Fischer	- 511	N. Dec	ker Ave.
19. 5 9/0 1		CAUSE OF DEA	TH					PROXIMATE INTERVAL
2/00/							BETV	VEEN ONSET AND DEATH
DISEASE OR CON LEADING			Cerebral	Injurie	S			
(This does not meen th	e made of dying, e.g		AS A CONSEQUEN	CE OF:				
heart foilure, asthenio, e injury or complication w		,						
ANTECEDEN		(B)	AS A CONSEQUE	NCE OF:				
RISE TO THE ABOVE O	AUSE (A) STATING TH	IE DUE 10, OK	A3 A CONSEQUE	VCL OI.				
UNDERLYING COND	ITION LAST.	(C)						
	11		***	- 6 -				
OTHER SIGNIFICANT C								
DISEASE OR CONDITIO	N GIVEN IN PART 1 (A).						
20A. DATE OF OPERATION	ON 20B. CONDITIO	N FOR WHICH OPERATION W	AS PERFORMED				21. AUTC	PSY? (Yes or No)
2								Yes
22A. EXTERNAL CAUS		22B. PLACE OF INJURY (e.g., hame, farm, factory, street, office	, in or about 22C.	WHERE DID	(If in Baltimare	City, give e	xact lacation)	12-04-
UNDERLYING NOR CO		factory			ark & k	[eswic]	Rd.	75-60
22D. TIME (Month)		our) 22E.INJURY OCCURRED			JURY OCCU			
(APPROX.) 3/2/	69 UNK		WHILE WORK	subi. i	njured	during	robbe	rv
23.	o) one	III. WORK	WORK LJ	Judy. 1	iljuleu	au zii	5 10000	- /
I certify that I	held on Inquiry	Inspection Au	topsy X o	nd that on t	his bosts, o	leoth in m	y opinian	
resulted from:	Natural causes	Accident Suici	de Homic	ideXX	Undetermin	ed manner	П	
60	0.			F MEDICAL				
ACTUAL //	8/12/1:	37		NT MEDICAL		X		DATE SIGNED
SIGNATURE	THE YEAR	M.I.),					3/3/69
EXAMINER'S NAME (Type)	Werner U.	Spitz, M.D.	ASSOCIA	TE MEDICAL	EXAMINER			-, - , -,
4A. BURIAL CREMATION,	24B. DATE	24C. NAME of CEMETERY	ar CREMATORY		LOCATION		wn, ar county) (Stote)
EMOVAL (Specify)	3-6-69	Oak Lawn (en	retery	B	altimon	e, Mr	yland	
Burial 5A. DATE REC'D BY HEALT		NAME OF REGISTRAR		ERAL DIRECT		7	ADDRESS	
SALE RECOVERED IN THE RELIEF	1000 1	En S. Following				ALIE		Rd21206
MAR & U	1303 (15 Jan	O. C. Anterior	Joine	C. I'M	wer will	-UII)	Deduce	1000 -212-0

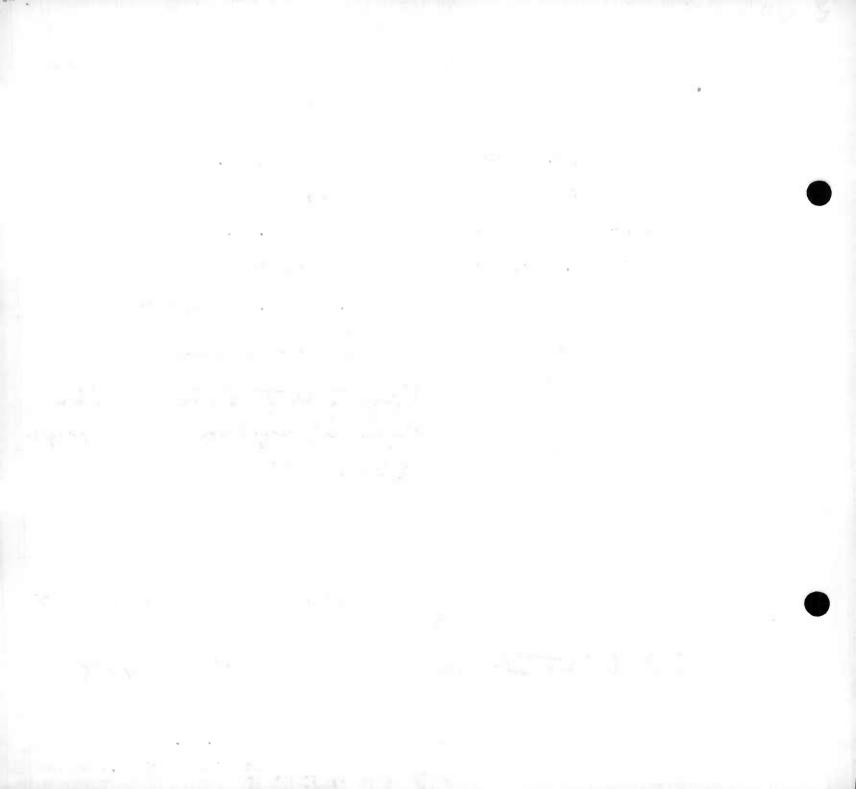
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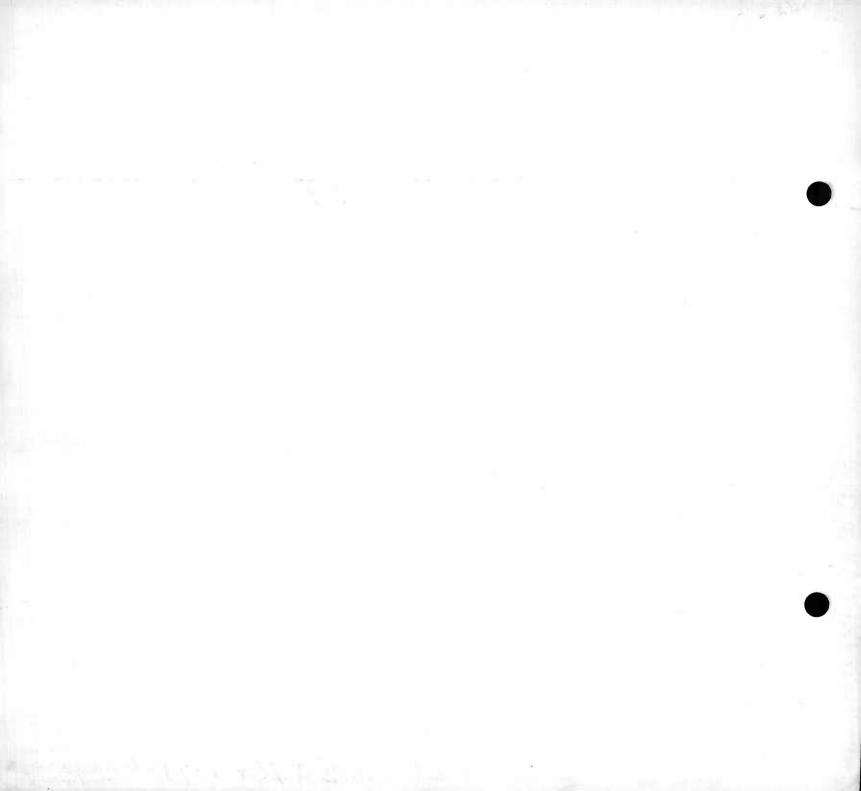
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The last tent (materials of the last tent) who had	81-2-		
THE WALL STATE OF THE PARTY OF			

3.	-25-	BALTIMORE CITY HEALTH DEPARTMENT
200	sed the uch	BIRTH NO. 69 2538 CERTIFICATE OF DEATH REG. NO. 69 2538
	- A) F3 1A	1. NAME OF DECEASED (Type or Print)
\$ + 9 o 4		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admiss
	hosi Jse (5) den dee	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) A. STATE B. COUNTY Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
	ng cause; cause; attend	Baltimore YES NO DE. STREET AND NUMBER
	o i d i	South Balto. General Hospital 1316 Patapsco St.
	5.2 = 5 0 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE fin years 15 Under 1 Yr. 16 Under 24 I
	occur ontrib ermin regul eased is ma	mate William Wildowed Divorced 1911A 3 1000 95
	lete in rece	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Milkman—Retired Dairy Calvert Co. Md. USA
	Se a C T	MILKMAN-Retired Dairy Calvert Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
J	= 5€ 3± g	Gilbert L. Buckmaster Arrawalton Unknown
Z	stant e di ind; eath e on	15. Wos Docoused Ever in U. S. Armed Forcos? 16. SOCIAL 17. INFORMANT
T.	ssista the kind deal ince final	277
Ö	n 4 CTO 0 .	Mrs. Marian A. Buckmaster 1316 Patapsco St
IMPORTANT	his of of o of c unc ten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	. Alsonon	(This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
CTOR	mine niner fract o pr gulai	injury or camplication which caused death.)
7	mi mi fr fr ho ho egt	ANTECEDENT CAUSES (B) June Lock / be
M	X (S) A	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the
DIRE	al al al	UNDERLYING CONDITION last (C) Myo cardial infarchio 6 days
RAL	of medical medical dy burns; physicia cian was he remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNER	by a 1 2) Body a 1 2) Body re the physici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ב	be be be	OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR?
	hosp natur ept v d (6) ained	OF INJURY (APPROX.) Month (Doy) (Yoot) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
	pro the ny exc an	22. I certify that (I) (this hospital) attended the deceased from 3/3/69 19 to 3/9 19 69
	of a	that (i) (we) last saw the deceased alive on 3/2 and that in(my) (our) apinion death accurred on the d
		and have and from the causes stated above. (i) (We) (did) (did not) view the body after death.
	SPOPE	23A. SIGNATURE 23B. DATE SIGNED
	E. ひ 大	23C. PHYSICIAN'S 23C. PHYSICIAN'S 23C. PHYSICIAN'S 23D. ADDRESS 23D. ADDRESS
	certificate sody was r rs: (1) An a D.O.A. at a cased prior	NAME (Type)
	F & COB B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	his certi he body hows: (1) ras D.O. eceased rritten a	Burial 3 12 69 Western Balto Md.
•	This cert the body shows: (1 was D.O. deceased	25A. DATE RECIP, AY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR MC Cully 130 E. Fort Ave
		VS 150-REV. 1/1/68

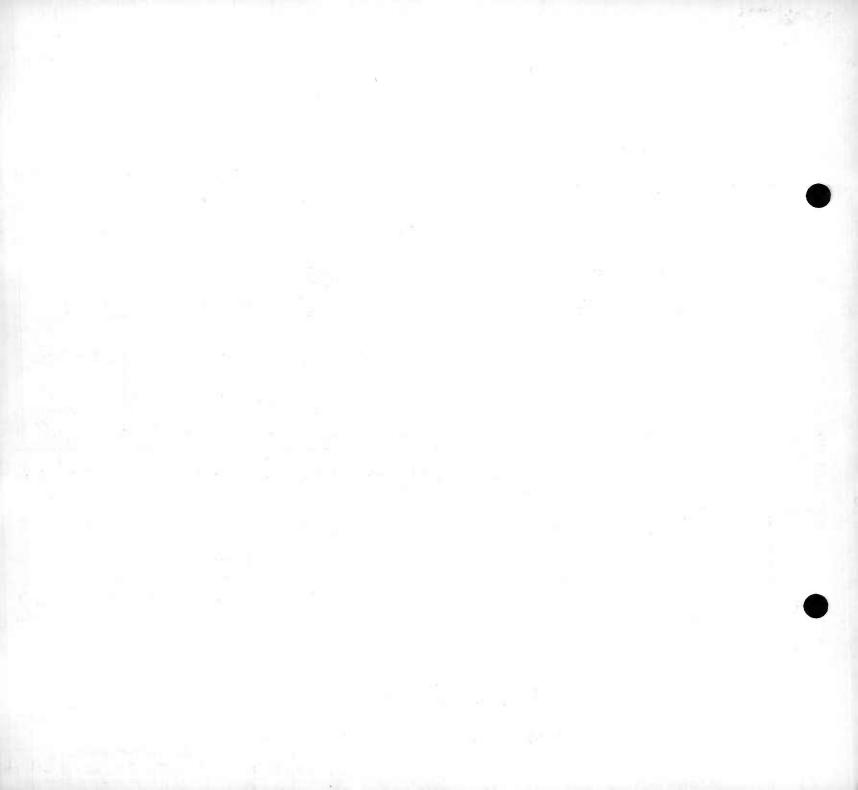


W)-(w	031	69 2539 BALTIMORE CITY HEALTH DEPARTMENT
7	- P 0 -	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 09 2539
and	death eased n the Such	I.NAME OF DECEASED
	on on S	(Type or Print) 7.32 AM 3/7/691
pital		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. It institution: residence before administration)
Sp		A. STATE B. COUNTY
hos		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARY AND BOLLMOR JO INSTITUTION, GIVE STREET CITY OR TOWN D. INSIDE CITY LIMITS?
8	use; tend to to	
2.	cause; attend ior to	South Baltimore General Hospital Baltimore YES NO DE STREET AND NUMBER
₽.	ting d car r att prior	The state of the s
5	ibut ned lar d p ade	5. SEX 6. RACE 1/2 MARRIED TO MENTION TO 18. DATE OF RIGHT
2:	ontribut erminec regular sased p	MARKIED NEVER MARRIED No. 1 No
W S	ontrik ermin regul eased is ma	WIDOWED DIVORCED 3 4 4/103
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Re	nder in in	Pat Campantan
rie.	Und Und Siffic	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1	was these	
N tig	d; (c)	Oliver Ward Alice Bell Boyd.
A	ind; ind; leath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give wor or doles of sorvico) SECURITY NO.
Sis a	the direct or company (4) Under the death was in ince on the decentions of the force of the force that the force of the fo	Yes 218-03-403/-A Wife (Admission) Sheet)
ORTANI	Also, it the e of any kin nounced decarted attendance med or fina	18. 43 91 CAUSE OF DEATH WIFE (Admission Sheet)
A 14	re of any oncounced afterdar afterdar almed or	DISEASE OR CONDITION DIRECTLY
≥ 1.	Also, noun atter	1 1CADING TO DEATH
		(This does not mean the moder of dying, e.g., heart failure asherin ale III moder of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
02 0	pa ct.	heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)
0	fracture of fracture of o pronoun gular atter embalmed	ANTECEDENT CAUSES
5 5		DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR:		rise to the above cause [A] stating the
E 5	8 . 5	UNDERLYING CONDITION last. (c)
H 191	meaicai burns; physicia an was ar emain	
AL	e v c	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A)
2	dy bu	
7 :	+ 5:0 a	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNER	2) Bo re th physi	# 2/W-1/4/ H69 Carottel / hrombus
14.		OR CONTRIBUTING CAUSE OF In Boltimore City, give exact location)
×.		C DEATH (notify medical examine)
9	nospitation after the spt whe did (6) No sined be	21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?
ě ž	- 0 4 - =	(APPROXI) While AI Not While Work At Wark
0	ne nosp ny natur except w and (6)	THOIR - AT WUIK -
dd	- E O O	17
8		that (1) (4) last saw the deceased alive an 3 7 19 9 and that in (my) (67) apinion death occurred on the date
.a. 7	70 . + +	and have and from the causes stated above. (1) (Me) (did not) view the body after death. but NO BUTOPEY
ts i	cident hospit to deat	23A. SIGNATURE
m us	W	
•	y was rele (1) An acci J.A. at a h ad prior to approval	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
5	pro pro	
4	A H E	24A, BURIAL CREMATION, 24B, DATE 24C, NAME OF CREMATORY 24D, LOCATION (City, Inwa. or county) (State)
certificat	5.0.5 0.00	REMOVAL (Specify) (Storal
	W S:	
This	the body shows: (1) was D.O.A deceased written ap	25A. DATE RECIDIAY HEALTH DEET. 25B. NAME OF REGISTRAR 25C. EUNERAL DIRECTOR ADDRESS
P= 3		Molisly Fix v37 falapses are
		VS 150-REV. 1/1/68

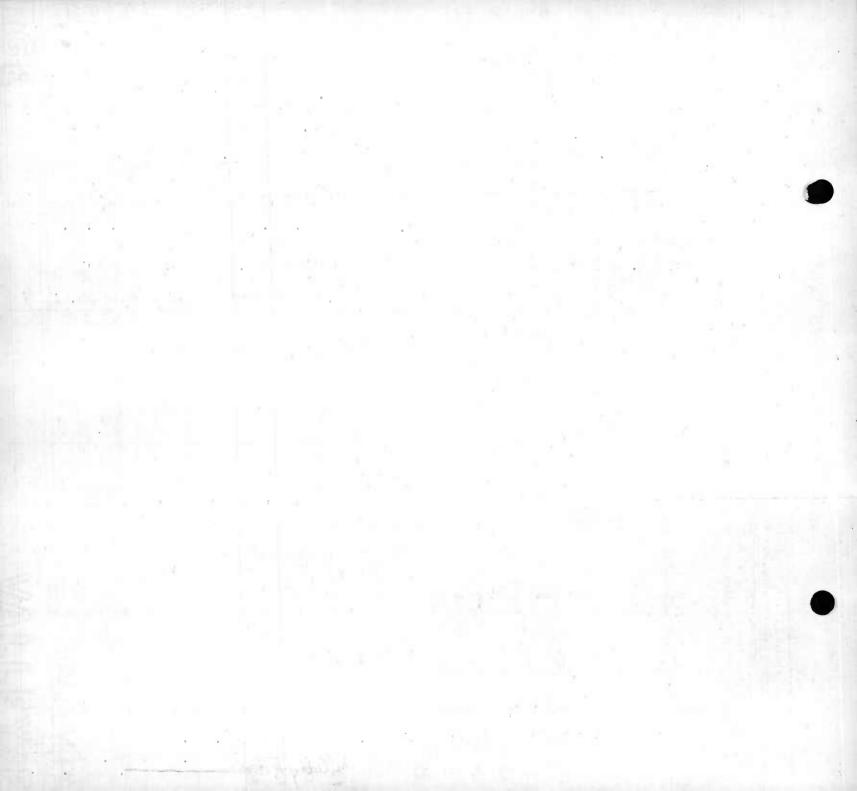


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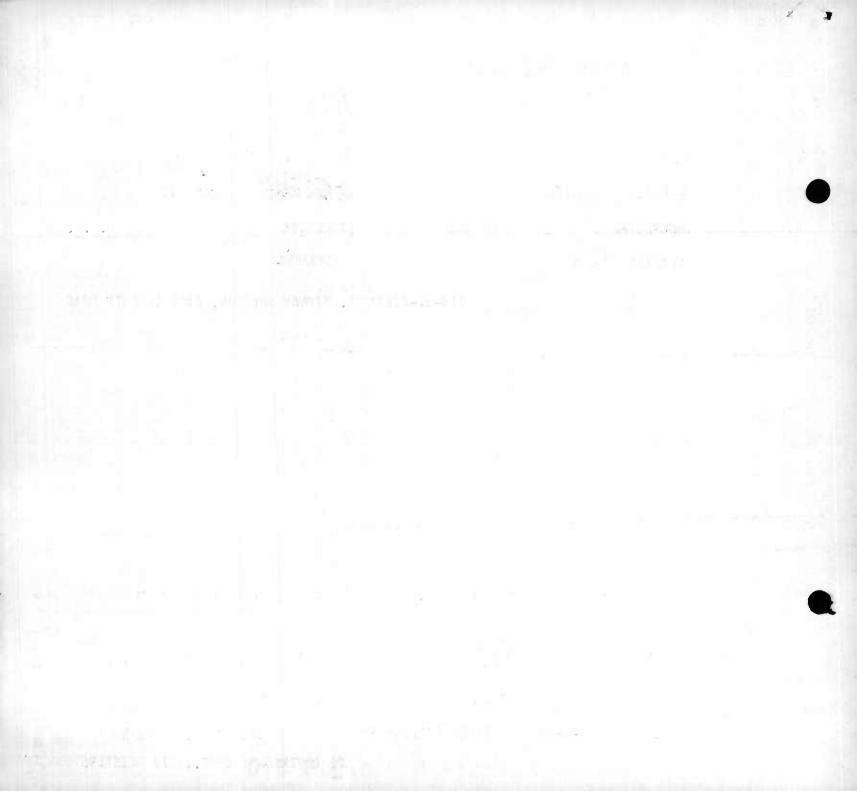
BALTIMORE CITY HEALTH DEPARTMENT D. INSIDE CITY LIMITS? NO If Under 1 Ya If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (It in Boltimore City, give exoct location) and that In(my) (au) apintan death accurred an the 23 B. DATE SIGNED (City, lawn, at county (Stote)



VS 150-REV. 1/1/6B



-	1	BALTIMORE CITY	HEALTH DEPARTMENT		
1	69 25	42 CERTIFICA	TE OF DEATH	REG. NO	69 2542
					100 1,0
	DE OF DECEASED		2. DATE AN	D HOUR OF DEATH	. 25
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRON	DUNCED DEAD	4. USUAL RESIDENCE (Whe	14/69 re deceased lived. II ins	titution; residence before odmission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTI OSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUN	ITY L	SE CITY LIMITS?
4	18 11 11		E. STREET AND NUMBER	I. Ave	TES NO
1	Dina: HOSPITAL		1611 1160	Ton	
S. :	E EMALE WHITE WIDOWEI	I IAEAEK WAKKIED	8. DATE 35-99-1898	9. AGE (In years last birthday)	Months Days Hours Min.
10.4	. USUAL OCCUPATION (Give kind of work 108, KIND C		11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY?
don	e during most of working life, even if retired)	HOME	LITHUANIA		U.S.A.
13	HOUSEWIFE AT	TUME	14. MOTHER'S MAIDEN NA	AAF	U.S.A.
1.5.				1416	
	CHARLES GOODMAN		UNKNOWN		
1S. (Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknawn) (II yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	NO	218-32-0267A	MR. SIDNEY SHET	RMAN. 8825 LT	IBERTY ROAD
	18. 4/2/	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
1	LEADING TO DEATH	(A)IMMEDIATE CAU	SE Hupertensive	Artenines bec	109 KS
	(This does not meon the mode of dying, e.g heart failure, osthenia, etc. It means the disease	DUE TO, OR AS	SE HUDENCE OF: 120	rt disense	
	injury or complication which coused death.)	c,	(10)		
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if ony, givin	d (B)	A CONSEQUENCE OF:		
	rise to the obove couse (A) stoting th	e			
	UNDERLYING CONDITION lost.	(C)			
z	11				
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
CATI	DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20A. AUJOPSY? (Yes or N	o) 208. IF YES WEDE F	INDINGS CONSIDERED
ERTIFIC	WAS PERFORMED	WHICH OTERATION	110	IN CERTIFYING CAU	ISES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in	n or obout 21 C, WHERE DID	(If in Boltimore	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF he	ome, form, factory, street, of	fice bldg., INJURY OCCUR?	iii iii boillillilli	with Atta exect torotton)
U	Land the state of examiner				
MEDI	OF INJURY	E. INJURY OCCURRED	21 F. HOW DID IN.	URY OCCUR?	
2		/hile At Not While /ork At Work	* □,		
	22. I certify that (N) (this haspital) attended	the deceased fram	2 28	1969 10 31	1969
	that (1) (we) lost sow the deceased alive on				nion deoth occurred on the date
	ond haur and from the couses stated above.				
1	23A. SIGNATURE	(,, (), (), (), (), (), (), (),	,		23B. DATE SIGNED
	(Bad A ()(nding Med.	Shaff	2/1/1-
	Z3G PHYSICIAN'S	OEGREE Phys	Director L	Phys.	314/65
	NAME (Type)		O ADDRESS	1 4	
	Marton A. (c	hen DEGREE	Sinai Ho	Spita	
24/	A BURIAL CREMATION, 24B. DATE 24C. I	NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Cit	y, town, or county) (Stote)
	BURIAL 3-5-69 HE	BREW FRIENDSHI	P BA	LTIMORE, MAR	YLAND
25		OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
1.1	1881 F1 12 C C C C C C C C C C C C C C C C C C	C II I II A	to a constant of the constant		
	MAIN & 0 1303 (Caros	IT EO STALLEY	SOL LEVINSONA	& BROS. 6010	REISTERSTOWN ROAD



Such (1)

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BALTIMORE CITY HEALTH DEPARTMENT

69	2543

BIRTH NO.	63	2040	CERTIFICA	TE OF DEATH	REG. NO	00 2040
Type or Print)	ALBERT KOT	CHENREU	THER		arch 5, 196	
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE	Where deceased lived. If	institution; residence befare admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTI	ION, GIVE STREET	c. CITY OR TOWN	Baltimen	SIDE CITY LIMITS?
3/ BE	altimore Ci	ty Hosp	ital	Baltimore E. STREET AND NUMBE	R	YES NO NO
***************************************		1-			rley Stree	T 1/ 11 (3 W 1/ 1/ 1) 04 11
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	White	WIDOWED	_	9-27-06	62	12. CITIZEN OF WHAT COUNTRY
done during most of v	JPATION (Give kind of work working life, even if retired) PICIAN	Steel		11. BIRTHPLACE (Stole or Maryland	toreign country)	U.S.A.
3. FATHER'S NA	ΛE			14. MOTHER'S MAIDEN	NAME	
John		0		Johanna		
15. Was Deceased (Yes, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	s of service)	6. SOCIAL SECURITY NO.		beth Kotch	
18. day / /	a a .		CAUSE OF DEAT		ley St., B	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This daes n hearl failure, injury ar carr DISEASES C rise to the	SE OR CONDITION DI LEADING TO DEATH Ial mean the made of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.	dying, e.g., the disease, death.)	ARTERIOS	SE MYSCARD I A CONSEQUENCE OF: LLEROTIL CAR		
TO THE DEAT DISEASE OR CO 19A. DATE OF 2TA. ACCIDE OR CONTRIBU	II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAF OPERATION 198. CON WAS PER NT WAS UNDERLYING 1 JTING CAUSE OF medical exeminer)	HE TERMINAL IT I (A). DITION FOR WI		20A. AUTOPSY? (Yes of nor obaut 21C. WHERE DI		RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E, I	NJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY			At Work	e \square		
	. 60	Work		1417	10	19 69
	that (1) this haspita		deceased from	2 10 19 an	19ta	
	last saw the decease					pinion death accurred on the da
and have an	d from the causes sta	ted abave. (1)	(We) (did) (dld nat)	iew the bady after dec	oth.	
23A. SIGNATU	"BUHL		M DEGREE Phy	mding Med.	Staff Phys.	3 - Sq
23 C. PHYSICIA NAME (T		JAL SH	_	23D. ADDRESS 222	Cr. PAU	
24A. BURIAL CRE	MATION, 24B. DATE	24C. NA	ME of CEMETERY OF CR			(City, town, or county) (Stote)
Buris		9 Oak	Lawn Ceme	tery	Baltimore,	Marylan
	EXHEALTH DEPTIGO	25B. NAME OF	Call Call Call Call Call Call Call Call	2sc. FUNERAL DIRE	T. Matthew	ADDRESS Boltimone Md.
VS 150-REV. 1/1/	6 B	9 6	90	1205 Sas	tern Ave.,	Baltimore, Md.



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

Daltamore	NO
E. STREET AND NUMBER	
1220 Cherry Lane	_ 21226
	ors If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
RY 11. BIRTHPLACE (State or fareign caunity)	12. CITIZEN OF WHAT COUNTRY?
The Maryland	USA
14. MOTHER'S MAIDEN NAME	
Elizabeth? Con	nnley
17. INFORMANT Leonard L. Mile	ADDRESS1228
HARRICK STANKER STANKE	313 New Burg Ave.
ATH /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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and a second second	0.0
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AS A CONSEQUENCE OF:	
CVHD	i

emboly of enblet	Ton Shy
20A. AUTOPSY? (Yes of Na) 20B. IF YES.	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
100	NG CAUSES OF DEATH?
office bidg., INJURY OCCUR?	Baltimore City, give exact location)
21F. HOW DID INJURY OCCUR?	
hile [7]	
3/1 269	2/1 12
19 67 ta	3/6 19.67
	ur) apinion death accurred an the date
view the bady after death.	23B, DATE, SIGNED
Hending Med. Staff Phys.	3/6/69
23D. ADDRESS	10/0/
REMATORY 24D. LOCATION	(City, tawn, or county) (State)
m. Balto. Mo	
25C. FUNERAL DIRECTOR	ADDRESS 21225
O Pack JULY 1237 Pats	apsco Ave. Balto. Md.

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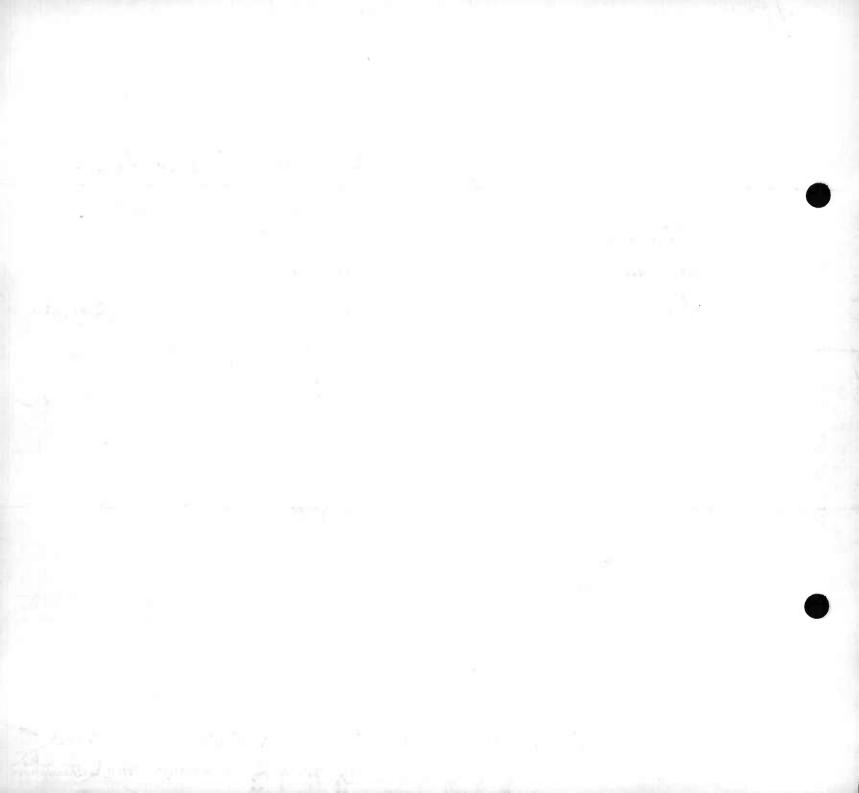
VS 150-REV. 1/1/6B

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1	4-450	BALTIMORE CITY HEALTH DEPARTMENT
	sed the the	BIRTH NO. 69 2546 CERTIFICATE OF DEATH REGINO. 69 2546
	- 9 6 E	(Type or Print) A LON, THEODORE (TUJIA) 3660 19451.
	spito of s) Dec nce o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where doceosed lived. If institution; residence before edmission) A. STATE B. COUNTY
	A 26.00 P	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MONLAND BULL 53-00 C. CITY OR TOWN D. INSIDE CITY LIMITS?
	F 5 4	Balt YES NO NO
	outing ed car ar att prior	6964 Millrook Park Danie
	trik min gul sed	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthday) Months; Days Hours Min. Months; Days Hours Min.
	0 6 - 0 -	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole at foreign country) 12. CITIZEN OF WHAT COUNTRY
	0 U E v .=	Loroce Polany) Usa
	if dect was was the	13. FATHER'S NAME
5	direction of the control of the cont	alraham
RTANI	he di kind; deoth ce on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [Uf yes, give war or dates af service] 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
R	ting the series	NO Some
9	his a: fony fony nced endo dor	DISEASE OF CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
IMPO	- 50 D + 6	LEADING TO DEATH
••	2 . 50 . 5	(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease,
OR	act act	injury of complication which coused death.)
Š	A fr	ANTECEDENT CAUSES DISFASES OF CONDITIONS (8)
DIRE	alex (3) A an w in r	DISEASES OR CONDITIONS, if any, giving ise to the above couse (A) stating the UNDERLYING CONDITION tast. (C)
_ :		
Z	f medica medica / burns, physici an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 2218 BLACE OF INJURY (2.18 BLACE
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	2 2 0 . 3	23G. PHYSICIAN'S NAME ITupe) 23D. ADDRESS
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	G 0 0 0 5	3.	PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	institution: r	esidence before	odmission)
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OR .	iner ract p pr jula		injusy or compl	ication which caused	death.)	0 /	/	,			
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•	ust be eased ident nospit deat		23A SIGNATURE				ow the body utter de	OTII.	23B, DAT	E SIGNED	
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	ac a	1	28C. PHYSICIAN NAME (Type	S			3D. ADDRESS	rnys.	1	/	
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	certification of the color of t	10	Serial	3/7/11/6	9 8	Derla lo		13-0T	1	V	Dog
	This certificate the body was r shows: (1) An a was D.O.A. at deceased prior	25A	DATE REC'D B		SB. NAME OF R	EGISTRAR	25C. FUNERAL DIRE	CTOR		ADDRESS	
	* # # # # # # # # # # # # # # # # # # #			MAR A @ 1958	G. A. S.	Collegenda	Sylvani	5 Ling a Son, no	4 961	o Roistroli	- Rd
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IMPORTANT

FUNERAL DIRECTOR:

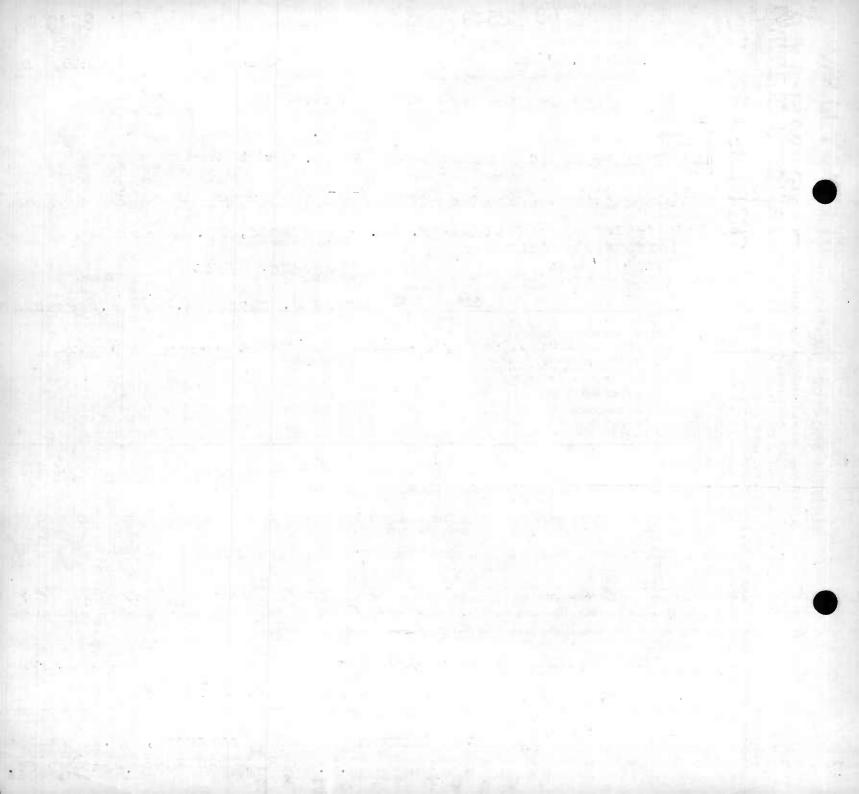
BALTIMORE CITY HEALTH DEPARTMENT

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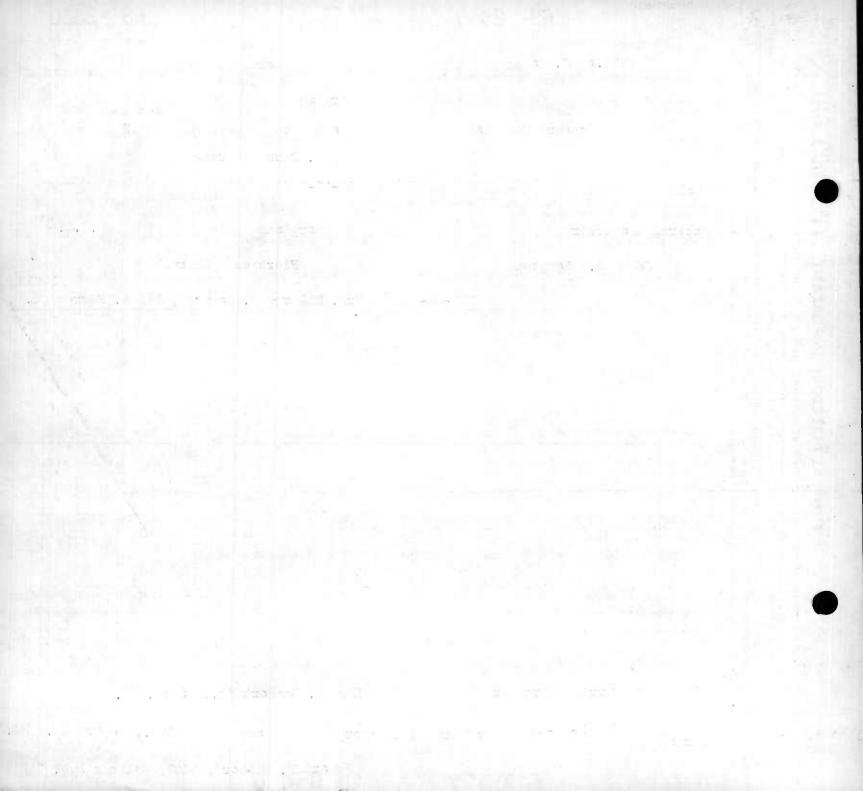
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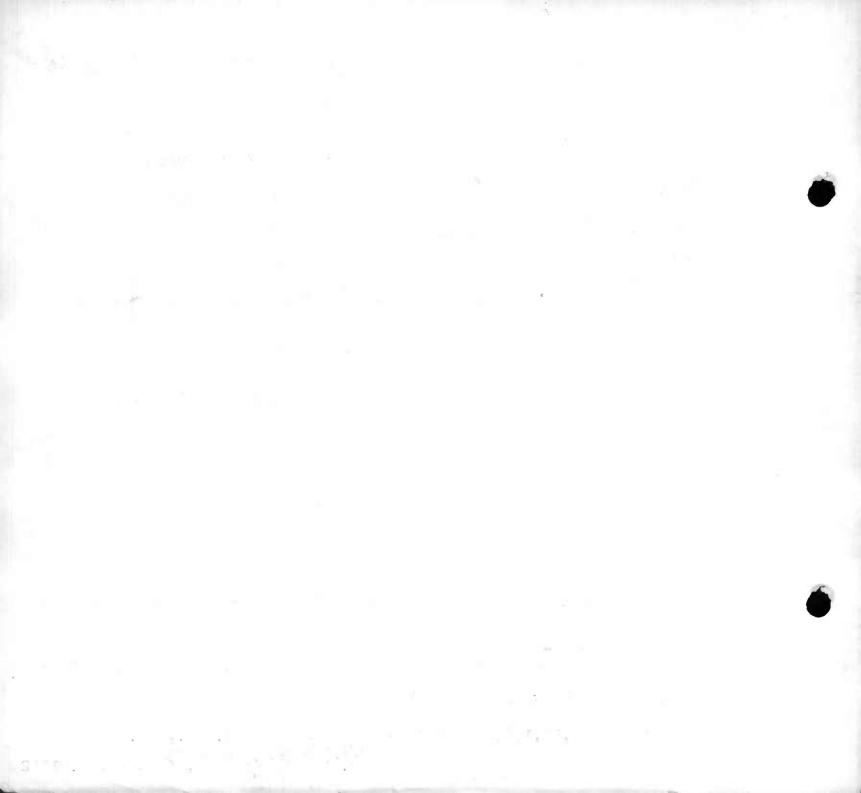
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IT.	2002	BIRTH NO. 69 2550 CERTIFICA	TE OF DEATH REG. NO. 00			
	death death eased n the Such	1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH			
_ b o c		(Type or Print) William J. Hampton	March 6 1060			
	hospital and ise of deat (5) Decease ance on the death. Suc	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	March 6, 1969 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY			
	5 0 0		4 4 4 5			
	bo dar dar	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland c. CITY OR TOWN D. INSIDE CITY LIMITS?			
	S S C C	Bon Secours Hospital	Baltimore YES X NO			
	au au	34 Bolt Secouls hospital	E. STREET AND NUMBER			
	ting d cau r att prior e.		405 S. Furrow Street			
- 27		5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.			
	occurr intribu irmine egula ased is mad	Male White WIDOWED DIVORCED	11-22-1904 lost birthday) Months Doys Hours Min.			
	ed re-	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY				
	or c ndet s in dec	done during most of working life, even if retired)	Maryland U.S.A.			
	de d	Retired Chaueffer	Maryland U.S.A.			
	rect (4) U (4) U wa the ispos					
Z	F - D	John A. Hampton	Florence Lemrich			
A	2 0 2 0 -	15. Was Doceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 21223			
7	sister the kin dec nce	No 212-03-0496	Mrs. Mildred B. Hampton, 405 S. Furrow St.			
Ö	if if if ed	18. 4 / O Y CAUSE OF DEAT	RETWEEN ONSET AND DEATH			
IMPORTA	d and	DISEASE OR CONDITION DIRECTLY	a + 21 1000 + 2			
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	200 0	(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,	A CONSEQUENCE OF:			
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7	chief y a r Body the I ysicie	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
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<u>u</u>	the (2) ere o ph efor	OR CONTRIBUTING CAUSE OF home, form, foctory, street, o	n ar abaut 21C. WHERE DID (If in Boltimore City, give exoct lacotian) ffice bldg., INJURY OCCUR?			
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	d b	21D. TIME (Month) (Doy) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
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	app to t f ar [(e); (e	that (1) (we) last saw the deceased alive an 7-ek. 13	1969 and that in(my) (aur) apinian death accurred an the date			
	9-00	and haur and fram the causes stated above. (1) (We) (did) (did not)				
	ased dent ospite deat	23A. SIGNATURE	238, DATE SIGNED			
	D OLO	Marking Re do hear land Am	ending Med. Stoff Stoff 3 - 7-69			
	Etacet	DEGREE!	23 D. ADDRESS			
	An a An a prior	23C.PHYSICIAN'S NAME(Type) Morris Schreiber	1500 W. Lombard St., Balto. Md.			
	- 4	DEGREE				
	E \$ 0.00	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR				
		Burial 3-10-1969 Meadowridge Cem				
	This certi the body shows: (1) was D.O. deceased written a	Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS			
	ドサマック 3	MAR 10 1969 R. O. St E. Fallenna	Howard H. Hubbard, 4107 Wilkens Ave. 21229			
		VS 150-REV. 1/1/6B	7 5 4 6			



VS 150-REV. 1/1/68



2552 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO . NAME OF DECEASED 2. DATE Knawn | Manth Haur (Type or Print) GLORIA JEAN CRIPPENS OF Estimoted DEATH DATE 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Month Day Yeor Haur PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 1969 March 6. 7:05 A. HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY Union Memorial Hospital (DOA) 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS 6. SEX 8. MARRIED NEVER MARRIED Female. Negro Baltimore WIDOWED NO DIVORCED YES 9. DATE OF BIRTH 10. AGE (In veors If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Manths | Days | Haurs | Min. last birthday) 2018 Robb Street 9-8-43 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Maryland Carl Watson 14A USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Bessie Watson 16. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. IB. INFORMANT **ADDRESS** (Yes, no or unknown) (If yes, give wor or dates of service) Thomas G. Crippen 127 Coffey St Bklyr APPROXIMATE INTERNAL BETWEEN ONSET AND TEATH CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (A) IMMEDIATE CAUSE Gunshot wounds of chest LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 21. AUTOPSY? (Yes or No) 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED Yes 22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in Boltimore City, give exact location) hame, farm, factory, street, affice bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB-? UTING CAUSE OF DEATH. 22D. TIME (Month) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) NOT WHILE OF INJURY (APPROX.) Shot by unknown assailant WORK 23. Autopsy X ond that on this basis, death in my opinion I certify that I held on Inquiry Inspection ___ Homicide X resulted from: Notural couses Accident Suicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. EXAMINER'S ASSOCIATE MEDICAL EXAMINER March 7, 1969 Charles S. Springate, M.D. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) 12/69 Balto National Burial Cem. Balto. . 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. Wm C March 928 E. North Ave. VS 151-REV. 1/1/68 0

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258, NAME OF REGISTRAR

Red Spring, N.C.

ADDRESS

928 E. North Ave.

25C. FUNERAL DIRECTOR

March

REMOVAL (Specify)

25 A. DATE REC'D BY HEALTH DEPT.

Burial

VS 151-REV, 1/1/68

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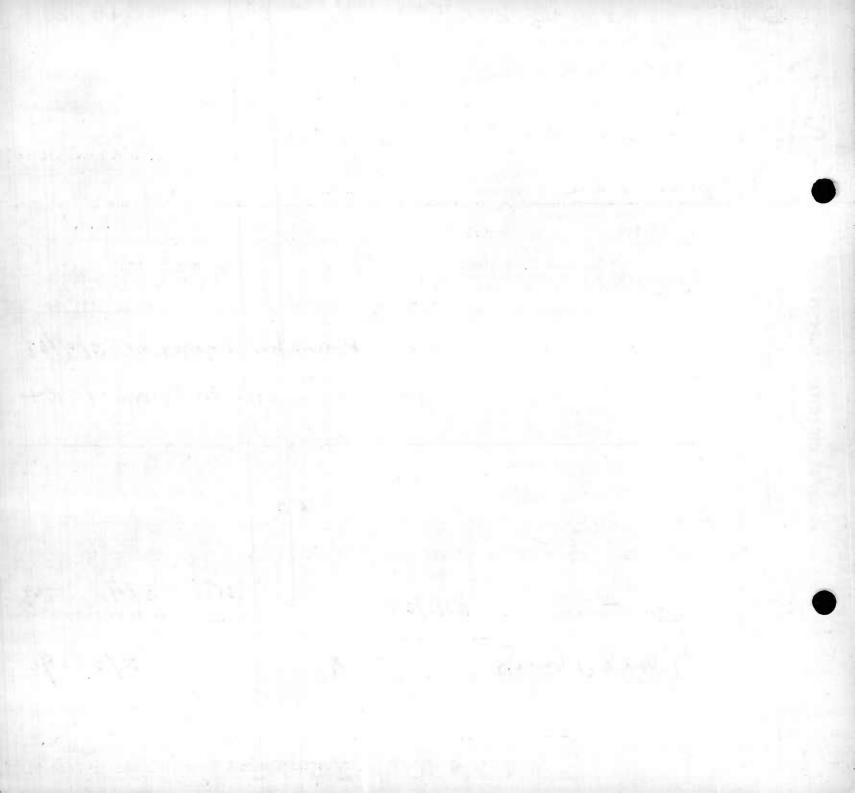
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10	De Dot	BIRTH NO. 69 2555 CERTIFICATE OF DEATH REG. NO. 69 2555	_
	death ceased on the	T. NAME OF DECEASED TO SEPH BILER 3-4-69 8P	M.
	spita of of of or eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY	n)
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	- 30	Sinai Hospital of Baltimore YES NO DE STREET AND NUMBER 3625 COLLAGO AVE	
	D . D . C .	3625 Cottage Ave.	
	ribut minec gular sed p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His Months; Days Hours; Min.	s.
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	if dect (4) U (4) U the pos	Joseph Bilek 14. MOTHER'S MAIDEN NAME Joseph Bilek	
5	+ = = = =	2 GIRTOWI	
A	stant e di ind; eath e on al di	S. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFORMANT SECURITY NO. 18. SOCIAL SECURITY NO. 19. SOCIAL SOCIA	
R	ssis th k k d d d din	215-01-0606A Bozena Nemec Bilek, wife, a bove	_
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	ry the	DEATH (notify medical examiner) etc.)	
	sp sp	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	П
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	the the iny except an obt	22. 1 certify that (0 (this haspital) attended the deceased from 2-18 1969 to 3-9 1969	
	of a of a al (h);	that (# (we) last saw the deceased alive an	ate
	ased to dent of ospital death) must b	and haur and from the causes stated abave. (We) (did) (did not) view the bady after death. 23A. SIGNATURE) 23B. DATE (IGNE)	
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	L = 0	DEGREE Phys. Director Phy 23C. PHYSICIAN'S NAME (Type)	_
	certificate body was r vs: (1) An a D.O.A. at assed prior ten approv	Lengt (1) Shuff	
	A P	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)	
	ood 75: (D.C ase	Cremation 3/7/69 Greenmount Crematory Baltimore, Md.	
	- S W 0 +	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc.	
	the sho was	AR 10 1300, 10 to 10 10 10 10 10 10 10 10 10 10 10 10 10	
		VS 150-REV. 1/1/6B	

Sinn Hospital of bolkinge

IMPORTANT

DIRECTOR:

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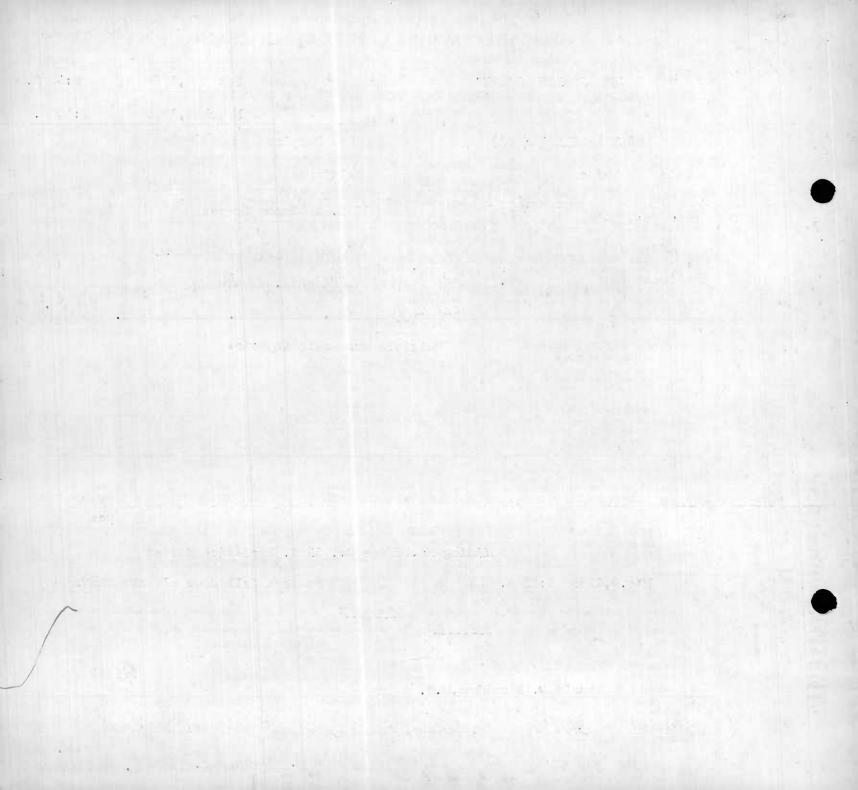
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9	ased the the Such	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO.	0 200/
_	Sage	(TYPE ARE, CHARLES JAMES	MARCH 6, 1969	3:28 A.
FUNERAL DIRECTOR: IMPORTANT must be approved by the chief medical examiner or his assistant if death occurred in a hospital released to the hospital by a medical examiner. Also, if the direct or contributing cause of	Dec de h.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution A, STATE B, COUNTY	n: residence belore admission!
hos	an de	SI AGNES HUSPIIAL FULL NAME OF	MARYLAND Balto.	53-00
0	se; se; to	ACWICKENS & CAION AVENUES	H RAITIMORE I .	
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000	conference to respect to the constant of the c	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY		TITIZEN OF WHAT COUNTRY
at h	or c ndet s in dec ition	done during most of working lile, even il relired}		
de e	4) Un was the the	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	USA
<u> </u>	F 0	CHARLES, LEAKE DEC'D	Della Frances Della Frances Cramblitt (Dec	'd.)
A B	_ B = 0 _	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL		*
RT.	는 N D SIE	NO 219 22 2145		
certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital	any ced ced or	18. / 9 9 0 1 CAUSE OF DEAT	H	APPROXIMATE INTERVAL
	Also, e of noun atter med	LEADING TO DEATH	PINEATES CACCINOMISTOSIS -	
ō	ono a ma	(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease	JSE A CONSEQUENCE OF:	***********************
in S	act act	Injury or camplication which caused death.)	ORGAN UNKNOWN AT TIME	ISIDE CITY LIMITS? YES NO E III Under 1 Ye. III Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY! US A (Dec d.) ORE MDADORFS 29 S & CATON AVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TIME POINT OF CITY, give exact location) RCH 6, 19 69 TIMORE MARYLAND KENS & CATON AVE City, town, or countyl (Stotel
E E	E P O B O			
S ×	X @ F B	Il lune in the apole canse (V) Significant the		
<u> </u>	dical orrns; (; sician was in mains	UNDERLYING CONDITION last. (c)	IGNING -	***************************************
Je di		O THER SIGNIFICANT CONDITIONS CONTRIBUTING		
AL media	me y bu phy ian ie re	SEASE OR CONDITION GIVEN IN PART 1 (A).	200	
ZŠ	Bod the ysic e th	WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
5 g	(2) o ph	U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., logne, form, foctory, street, of	n or obout 21 C. WHERE DID (If In Boltimore City,	give exact location)
× ×	whe No	DEATH (notify medical examiner) etc.)	interest of the second of the	
P	O H ACE	21D.TIME (Month) (Doyl (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
be approved by the chief medical exan	0000	Wark Al Work		
ğ	- = 0			6, 19_69
0	dent of cospital (death); must be		and that In(My) (our) apinion de	eath accurred on the date
5 5	ident of hospital o death) I must be	Z3A. SIGNATURE		ATE SIGNED
Ë		Physical Phy	nding Med. Staff Phys.	3/6/69
	was rele An acci L. at a h prior to	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS BALTIMO	RE MARYLAND
Fi Ca	y was related. (1) An accident at a bid prior to approval	JAMES GORANE, JR M.D. DEGREE	ST AGNES HOSPITAL WILKENS	
ita	500g	BIRTH NO. I. NAME OF DECEASED (TYPE CARE , CHARLES JAMES 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD S. PLACE IN BALTIMORE, MARYLAND 3. 18-6 ERTIFICATE AMENDED BALT I MORE MARYLAND MORE STREET MOUNDED BALT I MORE MARYLAND 3. 18-6 ERTIFICATE AMENDED BALT I MORE MARKIED MIDORED BALT I MORE MARKIED BOLO HORRE MARYLAND 3. 18-6 ERTIFICATE AMENDED BALT I MORE MARKIED BALT MERCHANDON GIVE STREET AMENDED BALT I MORE MARKIED BALT MERCHANDON GIVE MIN PROPER BALT I MORE MARKIED BALT MERCHANDON GIVE MIN PROPE BALT I MORE MARKIED BALT MERCHANDON GIVE MIN PROPE BALT I MORE MARKIED BALT MERCHANDON GIVE MIN PROPE BALT I MORE MARKIED BALT MERCHANDON GIVE MIN PROPE BALT I MORE MARKIED BALT MERCHANDON GIVE MIN PROPE BALT I MORE MARKIED BALT MERCHANDON GIVE MIN PROPE BALT MERCHANDON GIVE STREET BALT MERCHANDON GIVE STREET BALT MERCHANDON GIVE STREET BALT MERCHAN		, or county! (Stotel
S	shows: was D. deceas	TOUGHT THE OF	laco esser- si	A DD0655
This	shows: (1) was D.O.A deceased written ap	98 8 G T C CO CO L S	Dalto. Md.	
			D JUNEO 5151 PAITO.	national FIKe

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e transfer to the transfer of
. W. Collett . Mr. a componence and the Later . Market . Mr.
White Linested of he little scenes makes -

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print) ROGER JOSEPH PARKER	OF DEATH Estimoted March 4,1969 9:40 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD Narch 4,1969 9:40 A.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
MERCY HOSPITAL (DOA)	A. STATE Maryland B. COUNTY 4-0
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White widowed □ Divorced □	Baltimore YES ☒ NO ☐
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.	E. STREET AND NUMBER
ct. 12, 1951 17 10x	12 S. Robinson Street
11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Maryland WHAT COUNTRY?	Deceased Charles Parker)
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
Delivery Boy Md. Office Suppl	& Lillian L. Lambe
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	1B. INFORMANT ADDRESS
No 216-54-0334	
19. CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Multiple	e traumatic injuries
LEADING TO DEATH	CAUSE
heart foilure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
Injury or camplication which coused deoth.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes ar Na)
	yes
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB-	in or obaut 22C. WHERE DID (If in Baltimore City, give exact lacation), 4 - 01
© UTING □ CAUSE OF DEATH. Building-Md.Off:	ice Co, 12 S. Frederick Street
22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE Subject fell down elevator shaft
23.	. •
	ond that on this basis, death in my opinion
resulted from: Natural causes Accident XX Suicid	
ACTUAL / 1 74/2 /	CHIEF MEDICAL EXAMINER L
SIGNATURE MAN MED MED	7/5/60
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER (3/3/09
NAME (Type) Ronald N. Kornblum, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, tawn, or caunty) (Stote)
REMOVAL (Specify)	
Burial 3/7/69 Gardens of Fe	aith Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAMÉ OF REGISTRAR	25C. FUNERAL DRECTOR ADDRESS St.
MAR 1 0 1969 12 0. 1 8. Farbura	John A. Moran Inc. 3000 E. Baltimore
VS 151-REV. 1/1/68// 8 6 7, Q Q A Q A A	0 0 5 6 4



	CO OSSO BALTIMORE CITY I	HEALTH DEPARTMENT		60 0550
0.0	69 2559 CERTIFICAT	TE OF DEATH	REG. NO	69 2559
	NAME OF DECEASED		D HOUR OF DEATH	
	pe or Print) MARY BALLARD (MARY ETHELIN		3-7-69	
,			e decensed lived If it	12:05 A
30	TLACE IN BACHMORE, MARICAND, WHERE PRONOUNCED DEAD	A. STATE B. COUN	TY	nstitution: residence before admission
U	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	Md		15-09
10	NOITHTIE	C. CITY OR TOWN		IDE CITY LIMITS?
1	, CHURCH HONE & HOSPITAL	BAITIMOR	E	YES NO
1	5 BALTO. Md.	BALTIM OR		
	7010	CLIFTON	N Rd	
. (SEX 6. RACE 7. MARRIED NEVER MARRIED	DATE OF RIPTH	9 AGE (In years	If Under 1 Yr If Under 24 H
	SEX 6. RACE 7. MARRIED NEVER MARRIED	A	lost birthdoy	Months Doys Hours Min.
	Female white widowed DIVORCED	April 19, 1873	95 94	
	A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 1 to during most of working life, even if retired)	April 19, 1873	gn country)	12. CITIZEN OF WHAT COUNT
	ETIRED — TEACHER PEABODY CONSERVATOR			USA
		4. MOTHER'S MAIDEN NAM		
		(MAR	Y LOUISA W	ILLIAMS WATERS
	GEORGE EDWARD BALLARY		20154	ILLIAMS WATERS
15.	Wos Deceosed Ever in U. S. Armed Forces? Security No. 16. SOCIAL 18. SECURITY NO. 19. SECURITY NO.	7. INFORMANT :		ADDRESS
91)		D		
		Decedent & Rec	ords	
	IB. 4 CAUSE OF DEATH			APPROXIMATE INTERVA
	DISEASE OR CONDITION DIRECTLY			7
	LEADING TO DEATH	E Conges luc	Heire ;	Failure well
	(This daes not mean the made of dying, e.g., heart foilure, osthenio, etc. It means the disease,	CONSEQUENCE OF:		
	injury or complication which coused death.)			
	ANTECEDENT CAUSES	acception .	Carolin U	accela.
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A	consequence of:		The years
	rise to the abave couse (A) stoting the	17	recen	
	UNDERLYING CONDITION 10st, (C)			
	11			
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************		
5		20A. AUTOPSY? (Yes or No)		FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		IN CERTIFYING CA	USES OF DEATH!
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimo	re City, give exoct location)
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office etc.)	ce bidg., INJURY OCCUR?		
O				
1ED		21F. HOW DID INJU	URY OCCUR?	
2	(APPROX.) While At Not While At Work At Work			
		lan. /	19 68 ta	March & 19 69
	22. I certify that (1) (this hasbital) ariended the deceased fruit			
	that (I) (we) lost sow the deceased alive on Marca 7	19and the	ot in(my) (aur) opi	nion deoth occurred on the
	and hour and fram the causes stated above. (1) (We) (did) (did not) via			
	23A. SIGNATURE	120.11 (0.0.00) 12.00		23 B. DATE SIGNED
	AD NO. Attend	ding Med.	Staff Phys.	2-7-10
	DEGREE Phys.	Director L		
	23C. PHYSICIAN'S DOILIA C. MARIANO 23	3D. ADDRESS CHUECH	HONE !	+ Itusp.
		34210	· red.	
24/	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREA			ity, town, or county) (Stote
		771 (77 (97 17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
	BURIAL 3/10/69 GREEN MOUNT C		timore, Ma	
25/	A. DATE REC'D BY HEALTH DEPT 2SB, NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
	The state of the s			ADDRESS
	A. DATE REC'D BY HEALTH DERTS 9 258, NAME OF REGISTRAR			W. North Av., Cit
	150-REV. 1/1/68			

Burnelle 35-1-65

-	656	CEPTIFICATE OF DEATH REG. No. 69-23-31
	ath the the uch	BIRTH NO.
	_ 0 B N	1. NAME OF DECEASED Marie 2. DATE AND HOUR OF DEATH
	- D 0 C C	1 rgener 1 2/5/67 69 1/2 p
	of of Ce o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before odmission) A. STATE B. COUNTY
	hospital ise of (5) Dece ance or death.	FULL NAME OF (IF NOT IN HOSPITAL OF INSTITUTION CIVE STREET
	cau cau se; endo	HOSPITAL OR INSTITUTION ADDRESS OR LOCATIONI C. CITY OR TOWN D. INSIDE CITY LIMITS?
		30 50
	d cau	Don't Balto General Jess E. STREET AND NUMBER
	d d d	152 Zogevale Rd #25
	trib min gulo sed	5. SEX 0 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr If Under 24 Hrs. Manths; Doys Hours; Min.
	occurre ontribut ermined regular eased p	WIDOWED V DIVORCED 1 6 / 6 / 6
	th co	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BURTHPLAGE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY
	tio di	Mousewife ROY 115A
	direct or c direct or c f; (4) Undet th was in the deci	13. FATHER'S NAME
-	# 50 (4) × 4 × 4 × 4 × 4 × 4 × 4 × 4 × 4 × 4 ×	
Z	ant di ath on	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
4	4 0 5 0 0	110s, no of unknown) (if yes, give wer of dotes of service) SECURITY NO. 6002 Frenkford AVE. That A
2	2 T . C.E.	No XXXXXXXX George B. Turner 21206
MPORTAN	his as to, if any nced enda d or	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3	E 0 - E 0 0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
		(This does not meen the mode of dying, e.g., (A) MMEDIATE CAUSE TO THE TOTAL
ö	ctur ctur pron	heart failure, asthenia, etc., it means the disease, injury or complication which caused deoth.) DUE TO, OR AS A CONSEQUENCE OF:
ō	frace frace em	ANTECEDENT CAUSES
5	2 - 2 - 0 e	(8) / Uva a lover when the
Ш	9 X 0 7 0	DISEASES OR CONDITIONS, if ony, giving one is a la like above cause (A) stating the
DIRECTOR:	E C E C	UNDERLYING CONDITION Tost. (c)
	edical burns; hysicia n was	2 11
A	medic burr burr hysi in w rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199-A DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION 1208 IS VES MEET SHADING. CONSIDERAL
8	4 E > 2.0 0	O ISEASE OR CONDITION GIVEN IN PART 1 [A]. 1994 DATE OF OPERATION 1984 CONDITION FOR WHICH OPERATION 2004 AUTOPSYSTEMS of No. 2004 IF YES, WERE SINDINGS CONSIDERED
UNER	chief a n Body the p ysicic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSYSTETS OF No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING AUGUST OF INJURY (e.g., in or about 21C, WHERE DID home, form, foctory, street, affice bidg. INJURY OCCUR? 21D. TIME (Month) (Down (York) (Month) (Month) (York) (Month)
5	he cl by (2) B re tl phy fore	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)
	tal by: (2) here No ph	OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bldg., INJURY OCCUR?
	ved by a hospital nature; ept whe d (6) No mined b	Q 21D. TIME (Month! (Doy! (Yeor! (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	pt atu	OF INJURY OCCUR? CAPPROX Choose
		Wark L. At Work L.
	ppro the any (exc obt	22. I certify that (1) (this hospital) attended the deceased from 3/3 19 67 to 3/5 19 69
	-0 -0	that (I) (we) lost sow the deceased alive on
	0	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	icased to ident of hospital o death)	23A. SIGNATURE
	20.5 6 6 1	Attending Med. Stoff Director Director Director 3/5/69
	ar ac	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	certificate body was r rs: (1) An a D.O.A. at ased prior	
	E YEAR	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, fown, or county) (Stotel
	Serti D.O. D.O. ased	Burial 3/8/69 Glen Haven Mem. Park Glen Burnie, Md.
	This certificate methe body was reliable. Shows: (1) An accious D.O.A. at a factor of the deceased prior to written approval	25A DATE 85CO BY USALYU DEP
	This certhe bocs shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 237 Patapaco Ave. ADDRESS to. Mo.
		VS 150-REV. 1/1/68





11.	-21111	69 2562 BALTIMORE CITY HEALTH DEPARTMENT 69 2562
1	2002	CERTIFICATE OF DEATH REG. NO.
	C+OFU	I MAAF OF STATES
	0 1 10	(Type or Print)
	of de Dece	JOHN GEORGE HASSELBARTH 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, 11 institutions residence before admission) A. STATE B. COUNTY
	se of (5) Dec ance o death.	A. STATE B. COUNTY
	hospi ise o (5) D ance deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland
		INSTITUTION ADDRESS OR LOCATIONI C. CITY OR TOWN D. INSIDE CITY LIMITS?
	e 32.	620 East 30th Street Baltimore YES X NO
	uting cause; r attend prior to	629 East 30th Street
	ar de.	629 East 30th Street
		5. SEK 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years 16 Under 1 Yr. 16 Under 24 Hrs.
	occur ontrik ermin regul eased is ma	Male White WIDOWED DIVORCED Nov. 28, 1910 58
	re- re- re- re-	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sinte or foreign country)
	det det	done during most of warking life, even it refired)
	ded Unc as as siti	Checker Balto, Steel Corp. Baltimore, Md. USA
	if d ect wa wa the	14. MOTHER'S NAME
		Hasselbarth Edna T.
Z	B _ D # O	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
1	assistant if the dii ny kind; d death ance on	
8	S = 4-	no 213-07-2444 Mrs. Margaret T. Sofsky-1902 Larch Court
0	S and o	BETWEEN ONSET AND DEATH
FUNERAL DIRECTOR: IMPORTANT	of of of of of of	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	O W O TE	(This does not meen the made of dying e.g. (A)IMMEDIATE CAUSE (VIIII WY) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
	ctu ctu orc ar	
	fractur fractur pron gular embali	injury or camplicalian which caused death.)
	aminer A fract vho pr regulare	DISEASES OR CONDITIONS, if ony, giving (B) CO 20 1607 Y SUPERIORS (B) DUE TO, OR AS A CONSEQUENCE OF:
E		DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
2		UNDERLYING CONDITION lost. (C).
0	burns; (; burns; (; hysician n was in	
7	medic edica burns, hysici n was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
2	Eedda	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).
<u> </u>	chief y a m Body the p the p ysicia	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z		19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F	tal by the process to be for	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect locotion)
	- a -	DEATH (notify medical examined etc.)
		DEATH (notify medical examined etc.) DEATH (notify medical examined etc.) DEATH (Month) (Dayl (Year) (Hour) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR?
	hosp natur rept w d (6)	While At Work Not While
	0 0 . 0 2 2	
		22. I certify that (1) (this hospital) attended the deceased from 2-27 69 19 to 3-3 19 69
	100 to 10	that (1) (we) lost sow the deceased alive an 3 3 1969 and that In(my) (our) apinion death accurred on the date
	9- 0 E	and hour and from the courses stated above. (1) (We) (did) (did not) view the bady after death.
	ust be sased dent ospit deat must	23A. SIGNATURE 23B. DATE SIGNED
	30.2 2 2 2	
	F 0 0 7 + 0	DEGREE Phys. Director Phys.
		23C. PHISICIANS NAME (Type) 23D. ADDRESS
	certificat sody was s: (1) An D.O.A. at ased pric	DEGREE
	E & COB B	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel
	Dod D.C.	
	This certif the body shows: (1) was D.O. deceased written a	Burial 3/6/69 Moreland Me. Park Balto Co. 25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	This the k show was dece written	Mitchell-Wiedefeld Home-6500 York Rd-21212
		VS 150-REV. 1/1/6B 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9

VS 150-REV. 1/1/68

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

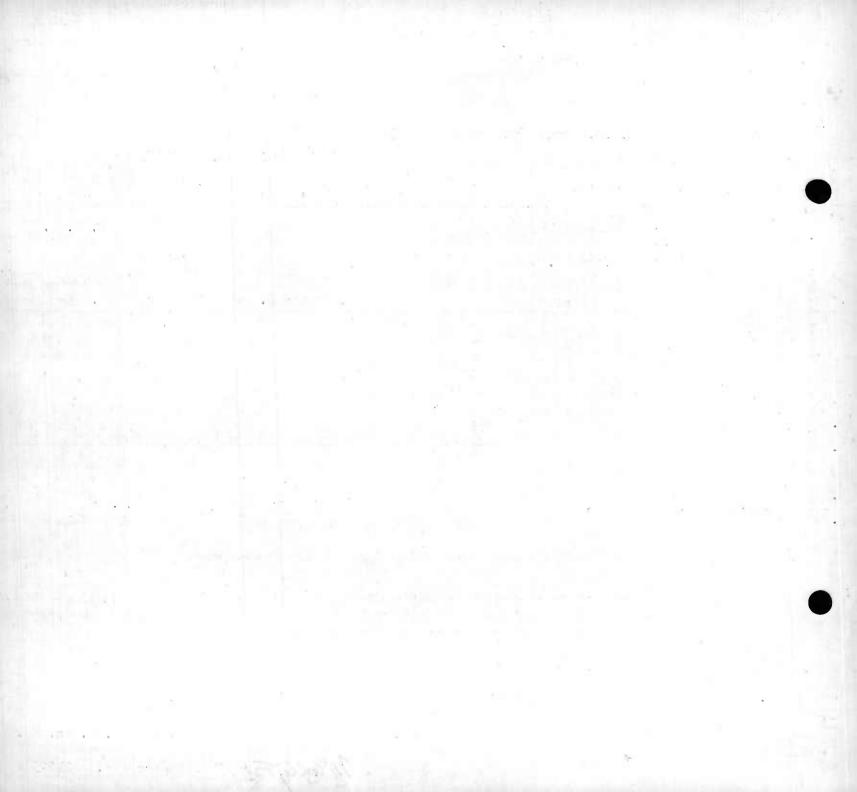
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 2564

BIRTH NO.		MILL	NCAL	LA	AMIIAEKO	-LKIIII	CAIL OI	DLAI	REG. NO)	
I. NAME OF DE	CEASED					2. DATE	Known	Month	Doy	Yeor	Hour
(Type or Print)	ROB	ERT SI	LVAN	MAI	DDOX	DEATH	Estimoted	2	28	68	9:00 pm.
4. PLACE IN BA	TIMORE, MA	RYLAND, V	VHERE PR	ONOU	INCED DEAD	3. DATE		Month	Doy	Yeor	
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						PRONOL	INCED DEAD	Febr	uary 2	28. 1	.969 9:00p M.
OR INSTITUTION	7,001,12						SIDENCE (Where		ed. If institution		e perfore odmission)
40	Marul.	and Ge	nara1	Нос	nital	A. STATE	arriand		B. COUNTY	1	1-00
6. SEX	7. RACE	and Ge			NEVER MARRIED	C. CITY OR	aryland TOWN		D. INSIDE	CITY LIMITS	?
Male	White		WIDOW		DIVORCED .	Ba1	to			YES 🛛	№ □
9. DATE OF BIRT		10. AGE (I	n yeors	If Und	er 1 Yr. If Under 24 Hrs.		ND NUMBER			IES KY	NO L
		lost birthdo	(v)	Months	Doys Hours Min.						
11. BIRTHPLACE	State or foreign	69		2 CIT	IZEN OF	13. FATHER	Maryland	Ave.			
T. BIKTTI CACC	Stole of foreig	ii cooiiiiy)			AT COUNTRY?						
Virgi	nia	1. 1	1 40 1/10 10		SA	Chas	Maddox	45			
one during most of	working life, eve	en if retired)	146. KIND	OF BU	ISINESS OR INDUSTR	Y 13. MOTHE	CS MAIDEN NA	ME			
Carpen	der					Flor	ence Lind:	say			
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no			,		212-01-3694	Mrs.	Irene All	berter	-7000 Y	ataru	ba Drive
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	e, osthenio, etc. mplicotion which										
	NTECEDENT				(8)						
DISEASES RISE TO TH	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE						QUENCE OF:				
UNDERLYI	NG CONDITI				(c)						
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OTHER SIGN	VIFICANT CON	IDITIONS C									
DISEASE OF	ATH BUT NOT R CONDITION			NAL							
				OR W	HICH OPERATION W	AS PERFORM	ED		-	21. AU	TOPSY? (Yes or No)
0 7											TUDO
₹ 22A. EXTER	NAL CAUSE	WAS	12	22B. PI	ACE OF INJURY(e.g.,	in or about 2	2C. WHERE DID	(If in Soltimo	re City, give e	xact location	YES
UNDERLYING	OR CON	TRIB-		home, f	orm, foctory, street, offic	e bldg., etc.) II	JURY OCCUR?	(,
¥ UTING ☐ CA	(Month) (D		-\ (II	VIDAE	INJURY OCCURRED	- 12	2F. HOW DID IN	IUDY OCC	LIDO		
OF INJURY	(Month) (D	oy) (Yeo	r) (Hour	′		WHILE	ZF. HOW DID IN	JURY OCC	UKF		
(APPROX.)				m. WC	ORK AT V	VORK			200		
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resul	ted fram: N	atoral cac	XX	1 76	iden Juich		CHIEF MEDICAL E				
ACTUAL	SV	. X	Th	1. [7						DATE SIGNED
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EXAMIN						ASSC	CIATE MEDICAL E	EXAMINER			
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24A. BURIAL CRE REMOVAL (Spec		48. DATE		24C.	NAME of CEMETERY	or CREMATO	24D.	LOCATION	(City, to	wn, or coun	ity) (Stote)
Buria	-	3/4/6	59	G	ardens of F	aith		Balto			
25A. DATE REC'E					F REGISTRAR					ADDRESS	
	BAN (1969	(2.0.		2. Farbura	Mit	chell-Wie	defeld	Home-6	500 Y	ork Rd. 212
			1000	000	- , dulibour						

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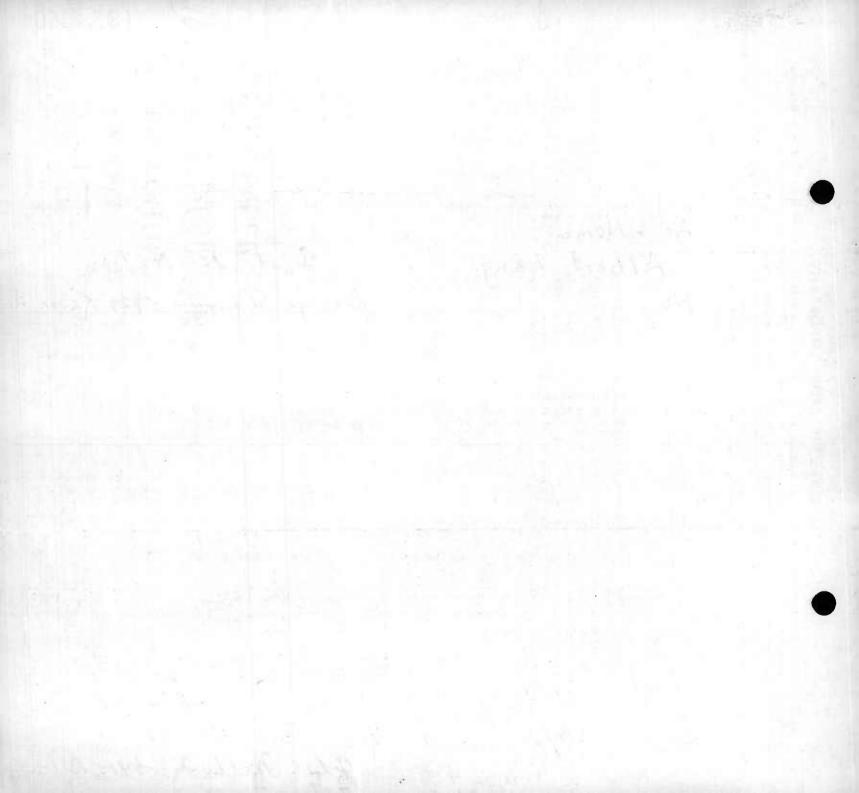
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0	1 44 / 1	CO BALTIMORE CITY	HEALTH DEPARTMENT 69 2565
	erco.	BIRTH NO. 69 2565 CERTIFICA	TE OF DEATH REG. NO. 69 2565
	deat deat ease n th Suc	1. NAME OF DECEASED (Type or Print) George John Ochs	2. Date and hour of death March 5, 1969 M.
	of of of of all	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	hosp iuse c i; (5) D idance	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
ااحد	d in a cause cause after	D.O.A. South Baltimore General Hospital	Bel timore YES NO DE STREET AND NUMBER
\leq	de radio	11	4312 Curtis Ave. 21225
7	ntrib rmin egulo ased	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED A DIVORCED	8. DATE OF BIRTH May 10, 1885 9. AGE (In years lost birthdoy) 9. AGE (In years Months Doys Hours Min.
2	or condete	done during most of working life, even if relired) Sheet Metal Worker Maryland Drydock	Baltimore, Maryland U. S. A.
9	de de as	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
3 5	direct (4) (4) the wear the dispo	John C. Ochs	? Hicks
RIA	sistanthe of kind deather once on inal	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) No None	Mr. Howard Ll Ochs 7 Wendover Rd. Glen Burni
M. E. to O. K. FUNERAL DIRECTOR: IMPO	caminer or his aminer. Also, A fracture of a vho pronounce regular aftender e embalmed o	(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, rise to the above couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., ibome, farm, foctory, street, one etc.)	A CONSEQUENCE OF: 20A. AUTOPSY? (a) pr No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact location) (If in Boltimare City, give exact location)
	hosp hosp natur dept d (6)	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	
	b x x z t	22. I certify that (I) (this hospital) ottended the deceased from	ate February 1969 10 Early March 1961.
	0 0 0	that (1) (we) lost saw the deceased alive on 3.1.1.6.4	19and that in(my) (****) apinion death occurred on the dote
	sed to set to ent of spital eath)	and hour and from the couses stoted obove. (I) (We) (did) (did nat) v	
			ending Med. Staff Director Phys. 3 5/69
			302 Patepscom City-2/225
	F 70 0 0 5	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR. Burial 3/8/69 Holy Cross	EMATORY 24D. LOCATION (City, town, or county) (Stote) Ritchie Highway A. A. Co. Md.
	This cer the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT 69 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS M. Colla F. H. 237 Patapsco Ave. 21225
		VS 150-REV. 1/1/68	



	ath sed the the	BIRTH NO. BIRTH NO. CERTIFICATE OF DEATH
	SOBES	1, NAME OF DECEASED (Type or Print) M. 1, D. P. D. M. / A. C. 2, DATE AND HOUR OF DEATH (Type or Print) M. 1, D. P. D. M. / A. C. 2
	0 0 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, /II Institution: residence before odmission) A. STATE B. COUNTY
	a hospit cause of se; (5) De andance to death	HOSPITAL OR ADDRESS OR LOCATION) GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
	d in cau	YUNION OFMORIAL HOSPITAL ESTREET AND NUMBER 5929 KAUON AUG
	occurre contribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH CAUC. WIDOWED DIVORCED 1/4/06 63 1. Months: Doys Hours Min.
	if death or co (4) Undete was in r the decension sposition is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BRRTHPLACE (Stote or foreign country) AT A OM C 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
N.	d'i di	Albert Lang Centrude Nelson 15, Wos Decessed Ever in U. S. Armed Forces? 116, SOCIAL 17, INFORMANT ADDRESS
ORTAN	f the by kin d dec ance tinal	No CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH
IMPO	Also, if e of any nounced attenda med or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE A FSPIRATORY ARREST
OR:	niner ner. actur pror ular mbal	hearl failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)
RECT	examiexami 3) A fr n who in reg	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the
D	s; (sian	(c).
RAL	ef medic n medical dy burn p physic ician wo	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNER	chi Bo Bo th th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
I	ital by e; (2) rhere No ph befor	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?
	hospi natur cept w id (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work Not While At Work
	to the of any all (exc	22. I certify that (1) (this haspital) attended the deceased fram 3/3 1967 to 3/4 1967, that (1) (we) last saw the deceased alive an 3/4 19 9 and that (in (m)) (aur) apinion death accurred an the date
	ust be based dent lospit deat must	and hour and from the causes stated above (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff (2)
	acc acc	23C. PHYSICIAN'S NAME(Type) 23D. ADDRESS 23D. ADDRESS
	This certificat the body was shows: (1) An was D.O.A. at deceased price	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	ONDAG	Burial 3/8/69 Sacred Geart Con. MALT- MI

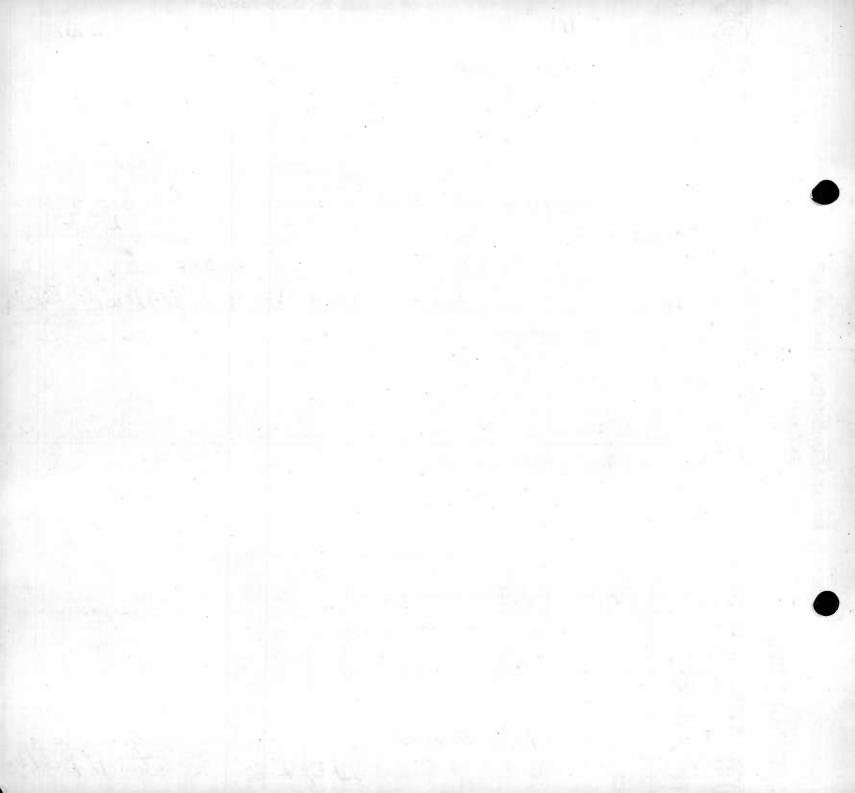
BALTIMORE CITY HEALTH DEPARTMENT



S. SEX G. RACE 7. MARRIED NEVER MARRIED S. DATE OF SIRTY 9. AGE III. Years lost barthdoyl 7. Months; Days 100	to death. Such	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONCUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before A. STATE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?
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ise la the obave couse (A) stoling the UNDERLYING CONDITION lost. (C) Discoulable obstruction of the condition of the condit	pr clo	heart failure, asthema, etc. 11 means the disease, injury ar camplication which coused death.)
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21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work 22. I certify that (+) (this haspital) attended the deceased from 3 3 19 9 to 3 14 that (I) (we) lost saw the deceased alive an 3 19 9 ond that In(my) (aur) apinion death accurred	dy burn e physicion we	Q DISEASE OR CONDITION GIVEN IN PART 1 (A).
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DEG AN STATE SIGNED	r of any ital (ex ith); or t be obt	that (1) (we) lost saw the deceased alive an 3/4 19 (4) and that In(my) (aur) apinion death accurred on
Attending Med. Staff Director Phys. Director Director Phys. Director Director Phys. Director Director Director Phys. Director Dire	n occident of ot o hospital ior to deoth)	23A. SIGNATURE Attending Med. Staff Director Phys. 31469

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BALTIMORE CITY HEALTH DEPARTMENT



BALTIMODE CT	TY HEALTH DEPARTMENT							
BIRTH NO. LINAAA OF DECEASED. 69 2568 CERTIFIC.	A TE OF DEALMENT	9 2568						
BIRTH NO. CERTIFIC	ATE OF DEATH REG. NO.	2 2 000						
I WHAT OF DECEMBED	2. DATE AND HOUR OF DEATH							
(Type or Print) WATSON, Johnnie I	TOTAL	. 10 .						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		6 AM						
WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution A. STATE B. COUNTY	n: residence before admission)						
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND /	4-119						
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CIT	V LIMITS2						
23 THE JOHNS HOPKINS HOSPITAL	BALTIMORE YES							
BALTIMORE, MD 21205	E. STREET AND NUMBER	NO [
BALTHORL, TO ZIZO								
5. SEX 6. RACE 7. MARRIED VALUE	1400 MCCULLOUGH STREET							
MALE 6. RACE NEGRO 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in yeors If U	nder 1 Yr. 11 Under 24 Hrs. hs: Doys Hours Min.						
WIDOWED DIVORCED	1111-12-11 57	10013						
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	Y 11. BIRTHPLACE (Stole or foreign country) 12. C	TITIZEN OF WHAT COUNTRY						
and during most of working life, even if refired)								
Laborer	North Carolina	U.S.A.						
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
5. Wes Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL	17- INFORMANT							
Yes, no or unknown) (11 yes, give wor or dotes of service) SECURITY NO.		ADDRESS						
No 212-10-2203	Rosa Watson - 1400 McCulloh S	ot.						
18. 40 2 VI CAUSE OF DEA	TH	APPROXIMATE INTERVAL						
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LEADING TO DEATH	DISEASE OR CONDITION DIRECTLY							
(This does not mean the mode of dying an (A) IMMEDIATE CAUSE Welman I gran								
hearl iailure, asthenia, etc. Il means the disease.								
injury or complication which caused death.)								
ANTECEDENT CAUSES	Huges to							
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:	12 years						
UNDERLYING CONDITION fast. (C)								
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	~~~						
19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDING	S CONSIDERED						
WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	F DEATH?						
21A. ACCIDENT WAS UNDERLYING 21R PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID.							
	in or about 21 C. WHERE DID (If In Boltimore City, soffice bldg., INJURY OCCUR?	live exoct locotion)						
Descrit though medical examiner								
DEATH (notify medical examiner) 21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At The Month (Month)	21F. HOW DID INJURY OCCUR?							
- I(Approx.)	le [7]							
TO THE STATE OF TH								
22. I certify that (1) (this hospital) ottended the deceased fram 2/2) 19 69 to 3/9 1969								
The state of the s								
and hour and from the causes stated above (1) (We) (did) (did not) view the bady ofter deoth.								
23A, SIGNATURE		ATE SIGNED						
	ending Med. Shaff Phys.	3/4/69						
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	1,10,						
		1						
DAVID L. JACKSON M.D.	THE JOHNS HOPKINS HOSPITA	L						
44. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town,	or county) (Stote)						
Burial 3-13-69 Mt. Auburn	Baltimore, Maryla							
5A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGISTRAR	OF C PARAGOAN TARREST							
MAG 1 10 10 10 10 2 11 J. D. L.	25C. FUNERAL DIRECTOR	ADDRESS						
MAR 1 0 1969 (Cat & Salary	Charles R. Law 802 Madison							



BALTIMORE CITY HEALTH DEPARTMENT

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VS 151-REV. 1/1/68

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO BIRTH NO Known XX 1. NAME OF DECEASED 2. DATE Dov Yeor Hous (Type or Print) OF HENDERSON SCOTT March 7, 1969 Esilmoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE 13. Month Doy Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET March 1969 6:25 P M HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) B. COUNTY Provident Hospital (DOA) Maryland 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED Male Negro WIDOWED ... Baltimore YES X DIVORCED NO L 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 10.AGE (In years lost birthdoy) Months , Doys , Hours , Min. April 26,1900 68 1825 McCulloh St. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Va. Robert Scott 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Retired-Bethlehem Steel Corp. Alice Burrell 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. INFORMANT ADDRESS 17. SOCIAL SECURITY NO (Yes, no or unknown) (If yes, give wor or dates of service) 216-10-049B Claude Scott, 1825 McCulloh Street NO CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Hypertensive and arteriosclerotic DISEASE OR CONDITION DIRECTLY LEADING TO DEATH cardiovascular disease (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) 22F. HOW DID INJURY OCCUR? (Year) (Hour) 22E, INJURY OCCURRED OF INJURY WHILE AT NOT WHILE I (APPROX.) WORK AT WORK 23. Inspection X Autopsy I certify that I held an Inquiry and that on this basis, death in my opinion resulted fram: Natural causes X Accident Suicide ___ Homicide ___ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 3-8-69 ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial 3-11-69 Mt Calvary Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** Charles R. Law, 802 Madison Ave. 1969

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VS 151-REV. 1/1/6B

69 2570 BALTIMORE CITY HEALTH DEPARTMENT

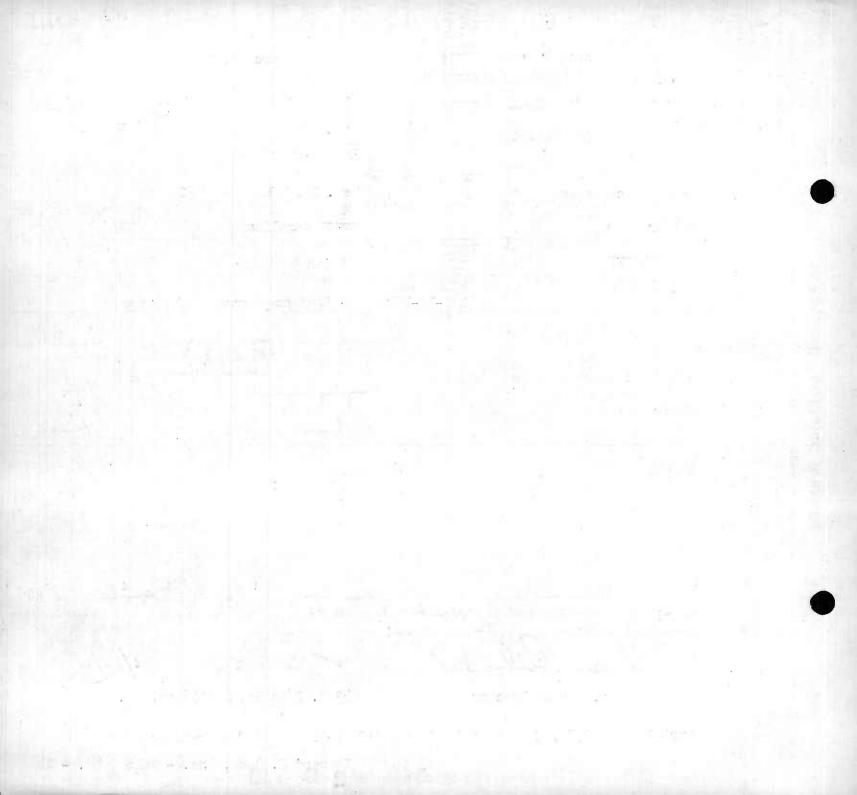
			69	25	BALTIMORE CITY HE	ALTH DEPAR	TMENT		X	eq.	25	0	
			MED	ICAL	EXAMINER'S	CERTIFIC	CATE O	F DEAT	H REG. NO.	00	20.	U	
BIRT	H NO.												
1. NAME OF DECEASED (Type or Print) DANIEL SIMMS							Known Estimated	Month March	7.1969	Yeor	12:00	P.,	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							201111101110	Month	Day	Yeor	_	- M.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)							PRONOUNCED DEAD March 7,1969 12:00 P.M.						
CHURCH HOME AND HOSPITAL							5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE New York B. COUNTY 29						
6. S		7. RACE		B. MARR	HED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
	ale	Negi		WIDOW	VED DIVORCED		York		YE	s 🔀	NO 🗌		
	ate of BIRT		10. AGE (In last birthday		If Under 1 Yr. If Under 24 Hrs. Months, Doys, Haurs, Min.		ND NUMBER merstdan	Apt.	66A				
11. B	IRTHPLACE (S	tote or fore	ign country)		12. CITIZEN OF	13. FATHER'S NAME							
Richmond , Va. U.S.A.							Obadiah Simms						
				4B. KIND									
14A.USUAL OCCUPATION (Give kind of work) dane during most of working life, even ifretired) D. A. V.							Rebecca McDaniels						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL							18. INFORMANT ADDRESS						
	es II	(It yes, give	war or dates	at service) SECURITY NO.	T.igh	tfoot F	unera	l Home,	Ric	hmond	. Va	
	9. 1	6 7	7	-	CAUSE OF DEA					1	APPROXIMATE IN	TERVAL	
	BETWEEN ONSET AND DEATH											ND DEATH	
	DISEASE OR CONDITION DIRECTLY Gunshot wound of abdomen												
	LEADING TO DEATH (A) IMMEDIATE CAUSE												
	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,												
	injury or can	nplication wh	nich caused dea	th.)									
	1A	NTECEDEN	T CAUSES		(p)								
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:											,	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST												
Z.	(c)												
Ĕ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING												
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL												
비			GIVEN IN PA							T			
CERTIFICATION	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.						AS PERFORMED				yes or No)		
₹ 2	2A. EXTER	NAL CAUSI	E WAS		22B. PLACE OF INJURY(e.g.,	in ar obout 2	2C. WHERE DI	O (if in Baltima	re City, give exa	ct lacation)	-	
읝	UNDERLYING OR CONTRIB- hame, form, foctory, street, affice bldg., etc.) INJURY OCCUR?												
MED.	UTING CA	USE OF DE	ATH.) /U	House	2	TOTA E.	Baltimo	re St.	Zna :	floor		
	OF INJURY WHILE TO SO OF 1060 OF 15P. WHILE TO NOT WHILE										3-0	7	
			,		m. WORK AT V	VORK 🔼	BIIOE du	I IIIg al	reicatio	/11	J = (
	23. I certify that I held on Inquiry Inspection Autopsy K and that on this basis, death in my opinion												
-	resul	ted from:	Notural cou	ses 🗍	Accident Suicio	de He	micide X	Undetermi	ned monner				
			7)		1 1		HIEF MEDICA						
	ACTUAL	1	/ . /	11	1/1/	ASSISTANT MEDICAL EXAMINED							
SIGNATURE V M.D.											17.160		
	EXAMIN					ASSC	CIATE MEDICA	LEXAMINER		3/7/	/69		
244	NAME (1			N. K	ornblum, M.D.	CDENTAL	IDV I	2 1001701	1 (0		15		
	BURIAL CRE		24B. DATE		24C. NAME of CEMETERY	or CREMATO	24 24	D. LOCATION		, ar count	y) (Sto	le)	
2	urial	,,	3/18/	69	st. James	Cemete	ery	Richr	nond,	va.			
	DATE REC'D	BY HEALTH			IAME OF REGISTRAR		UNERAL DIRE			DDRESS			
		M 6 13 2		0	40 300				ral Hom				
		阿科凡	0 1969	118.0	TE SC. Ventu	30	7 37 0	+ Die	hmond	Wa	2322	3	

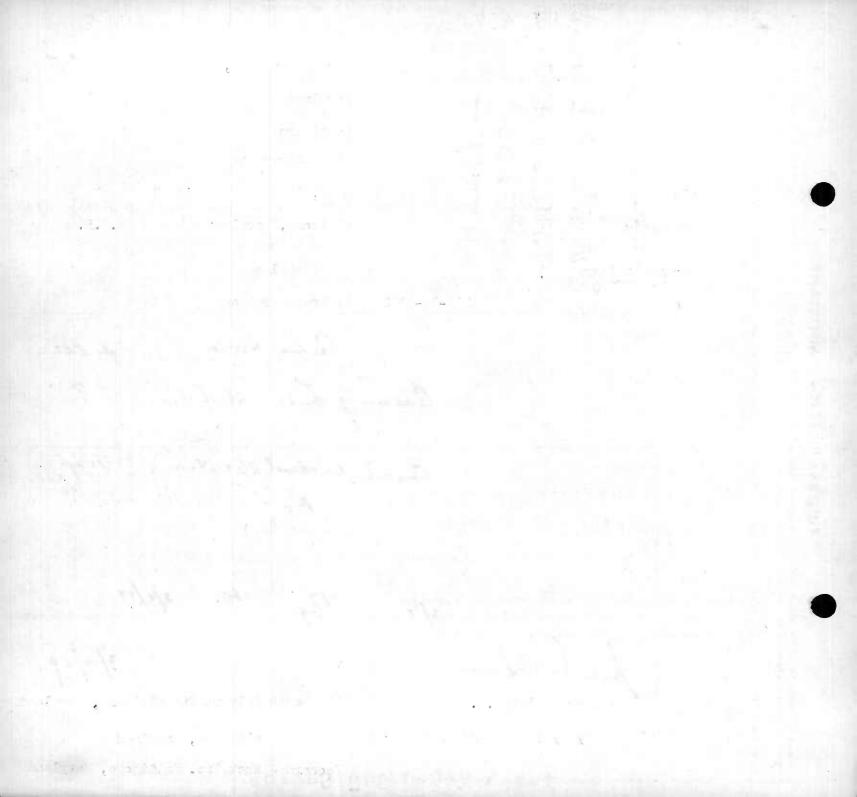
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VS 150-REV. 1/1/68

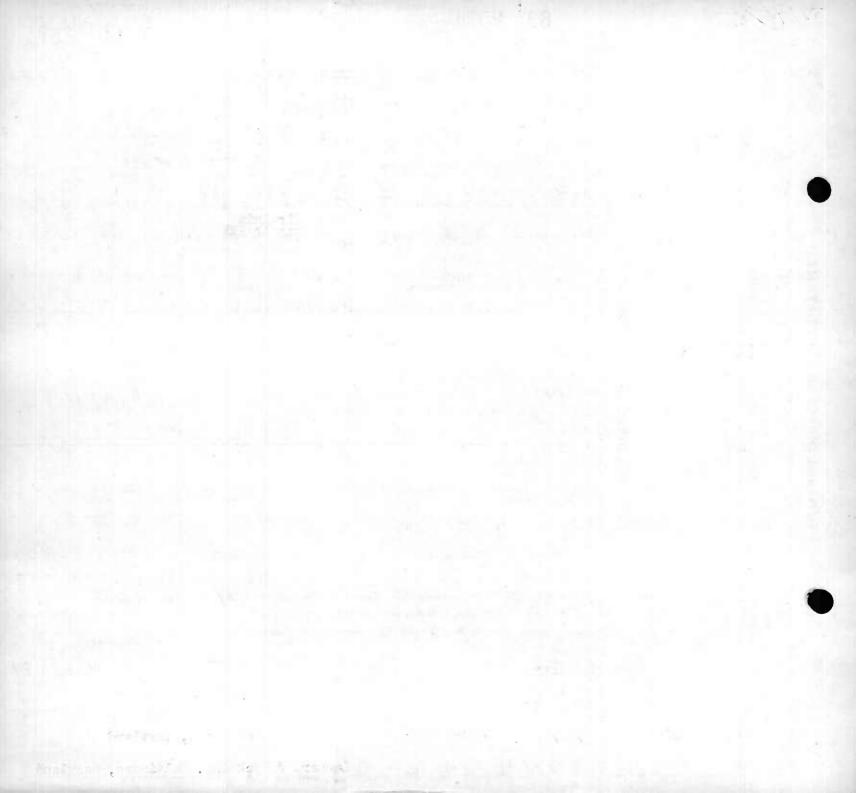


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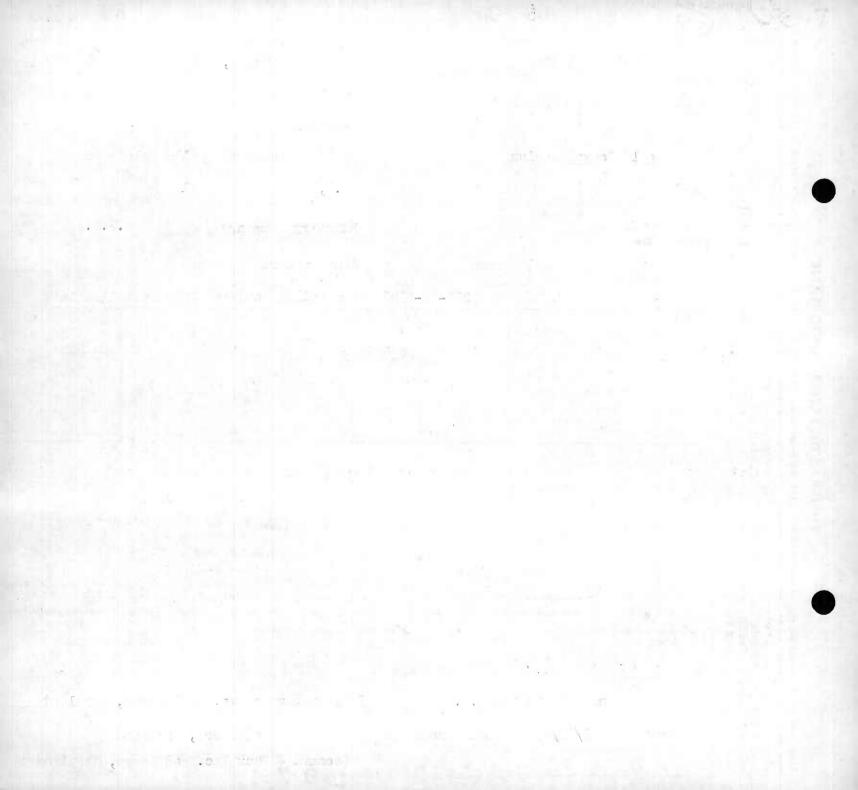




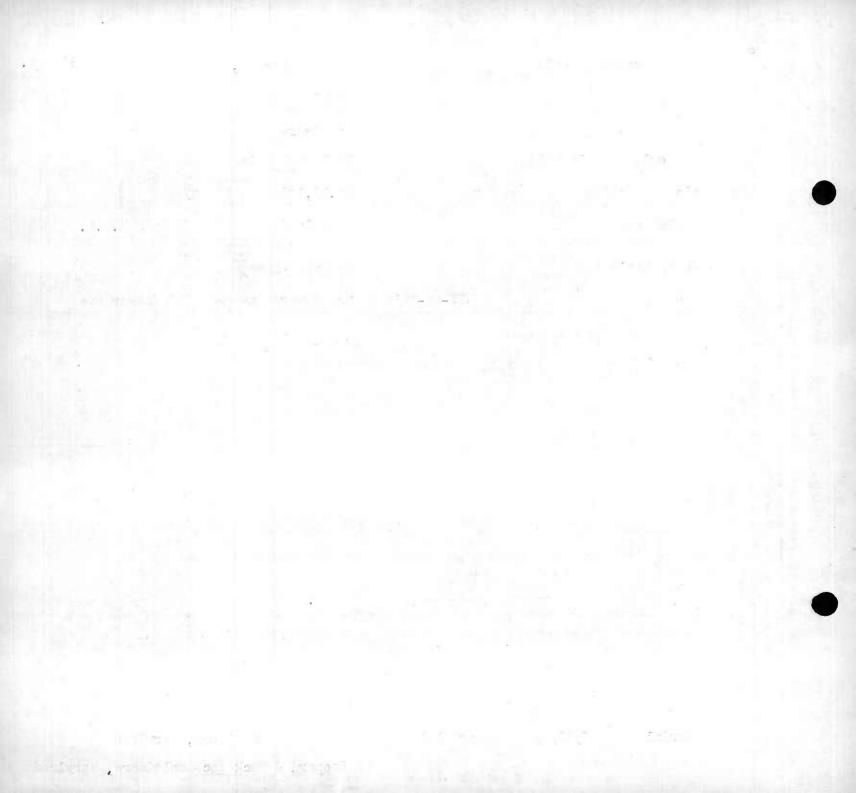
54/1	69 2574 CERTIFICATE OF DEATH REG. NO. 61-19-33 EIAI
sed the cch	BIRTH NO.
f de scea	1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
hosi Jse (5) Janc dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
ing c caus after	HUmon Memorial Mosp E. STREET AND NUMBER 2200 Manufond ace.
occurre ontribut ermined regular eased pr	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min. WIDOWED DIVORCED 04/06/00 F8
nt if death direct or co ; (4) Undete th was in r in the dece	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) West Virginia
stant if call dispo	15. Was Deceosed Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT (1) ADDRESS
JRT assist f th t th d d d d	(Yes, agg at unknown) (If yes, give war at dates of service) SECURITY NO. (Triend) 7808 Fiken At MCR-211-12 641-D Mrs. Chester Coleman 7808 Fiken At CAUSE OF DEATH APPROXIMATE INTERVAL
0 2 5 5 7	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, ostherio, etc. It means the disease,
DIRECTOR: cal examiner al examiner. s; (3) A fractu cian who pro us in regular ins are emba	injuly or complication which coused dealh.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
L DIRE	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)
ief med dy but e phy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 190. Date of Operation 1908. Condition for which Operation 2008. If Yes, were findings considered 1008. Performed 1008. Perfor
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. AUTOPSY? (Yes at No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in at about 21C. WHERE DID NOT
ed by nospi ature (6) r	21D-TIME (Month) (Day) (Yeor) (Haur) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY (APPROX.) While At Wark Wark
any (exc	22. I certify that (I) (this haspital) attended the deceased from 320, March 1967, to Sta March 1967, that (I) (we) lost saw the deceased alive an Ala March 1967 and that in (my) (our) apinion death occurred an the date
ust be eased ident o nospite death	and hour ond from the causes stated above. (1) (We) (did nat) view the bady ofter deoth. 23A. SIGNATURE Attending Med. Staff Director Phys. Director Phys. 169
F 0 0 0 + 0	23C. PHYSIAN'S NAME (Type) Ar: Chilimia dris. DEGREE [Nion Memorial Noop.
ody vody vs. (1)	24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. Diate 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or courty) (State) Baltimore, Maryland
This c the by shows was l decec	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Loonard & Ruck Inc. Baltimore, Maryland VS 150-REV. 1/1/68



T	3111	69 2575 BALLIMORE CITY HEALTH DEPARTMENT REG. NO. 69 2575
100	Che the	BIRTH NO.
	Su	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	- T 0 E	Marie H. Fiedler 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission
		A. STATE B. COUNTY
		FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) HOSPITAL OR ADDRESS OR LOCATION) Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
	se; se; to	Baltimore YES NO
	in again at the street or	E. STREET AND NUMBER
	r d o	Gould Convalesarium Gould Convalesarium 6116 Belair Rd
	ibu ine	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	ntr ntr rm rm egu	Female White widowed X Divorced Aug.3,1887 81
	h co	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR done during most of working lite, even if retired)
	or nde s in de itio	Housewife WANGAXXY Hungary U.S.A.
	if direct (4) U was the	13. FATHER'S NAME
		? Hildebrand Anna Rennert
A	tant e di ind; eath e an al di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
E	the the kin de nce fina	No 213-36-0343 Mrs Wallis Woodward 2019 East 31st St
MPORT	if if iny ed	18. 4 APPROXIMATE INTERVAL
AP	f to d	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CONTROL
\leq	Als Als e o or or art me	(This does not mean the mode of dying, e.g., (A) IMMED ATE CAUSE DUE TO REAL ALONSEQUINE OF:
ä	er. ttur oran	heort foilure, osthenio, etc. It means the disease, injury or complication which caused death.)
OR	frac o p gul	ANTECEDENT CAUSES 2 AS EVO - Ou failure
ECT	A f A f A f	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR, AS A CONSEQUENCE OF:
8	9 (8) S d I	use to the obove couse (A) stating the Statue premium
	medical edical burns; (; hysician n was ii	(c)
AL	dic dic dic dic ysi	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
2	he me y buy buy buy buy buy buy buy buy buy b	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
NER	hie a ody	19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	0 < = >0	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
-	tal by tal by tal by there Na ph	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
	Q.º - ₹ - B	O 21D. TIME (Month) (Day) (Year) (Hour) 21F INITIBY OCCUPRED 21F. HOW DID INITIBY OCCUP?
	hosi natu rept d (6)	While At Not While
		WORK TO AT WORK TO
	0 + 10	22. 1 certify that (I) (Nais hospital) attended the deceosed from 1965 to 1966
	of of of to be	that (I) (w/s) lost sow the deceased alive on 1000 on the do
	ust be a cased to dent of ospital death) must be	and flow ond from the couses stoted obaye. (1) (We) (did) (did not) view the bady ofter death.
	- W E -	Attending the Med. Staff
		230 PHYSICIANS
	was rele An acci L. at a h prior ta	NAME (Type)
	certificate m body was rel vs. (1) An acc D.O.A. at a l assed prior to	Dohald W Mintzer M.D. OBEGREE 3009 Evergreen Ave, Ba ltimore, Maryland 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	1 - 0 0 -	REMOVAL (Specify)
	This cer the bod shows: was D.C decease	Burial 3/11/69 Holy Cross Baltimore, Maryland 25A. Date REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	This the back was dece	Leonard J Ruck Inc. Baltimore, Maryland
		VE 160 REV 1/1/4R



	DECEASED		CLKIIIK	CATE OF DEAT	E AND HOUR OF DEAT	тн
Type or Print)	James F Ne	ale				0
3. PLACE IN	BALTIMORE MARYLA		OUNCED DEAD	4. USUAL RESIDENCE	Where deceased lived, if	f institution: residence before odr
FULL NAME HOSPITAL OF INSTITUTION	OF (IF NOT IN ADDRESS OF	HOSPITAL OR INS	TITUTION, GIVE STREET	Maryland c. CITY OR TOWN		NSIDE CITY LIMITS?
97)				Baltimore E. STREET AND NUMB	ER	YES NO
Got	ld Convales	arium		7111 Park 1		
S. SEX	6. RACE	7. MARRIE			9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Doys Hours
Male	Whi te	WIDOWI		Dec.23,1879 STRY 11. BIRTHPLACE (Stote o	89	12, CITIZEN OF WHAT CO
done during mo	t of working life, even if r	etired)	OF BOSINESS OK INDO	Maryland	Total gir would y	U.S.A.
3. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
James	Neale			Hannah Sal	gee	
5. Was Dece	sed Ever in U. S. Am	ned Forces?	16. SOCIAL	17. INFORMANT	3- - - - - - - - - - 	ADDRESS
No No	own) (If yes, give wor	or dotes of service	577-05-723	A Mrs Edward	Taylor 1120	Walker Ave
1B. A.	10.91		CAUSE OF D	EATH		APPROXIMATE INT
UNDERL	The abave cause VING CONDITION IA BUTTON TO NOTE TO THE STATE OF THE	ns CONTRIBUTIN	(c)			
V DISEASE	OR CONDITION GIVEN	IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CON	IDENT WAS UNDERLE RIBUTING CAUSE Configure Medical examiner	OF	21B. PLACE OF INJURY (home, form, foctory, streetc.)	e-g., in or obout 21 C. WHERE E et, office bldg., INJURY OCCL	IID (If in Bolti	imore City, give exact location)
OF INJUI			21E. INJURY OCCURRED		D INJURY OCCUR?	
(APPROX.			While At Not	While Work		1 1
22. I ce	tify that (1) (t his h	sspital) ottende	d the deceased from.	8/30/66	19ta	3/8/69 19
	ue) last saw the d	eceased alive o	on 2/25	169 19 0		apinian death accurred on
that (I)		an exected above	. (I) (We) (did) (did n	ot) view the body after de	oth. Potrent	23 B. DATE SIGNED
	ond from the cous	es stoted opove				23B. DATE SIGNED
		es stoted obove		Attending Med	Shoff C	7//11/6
ond hou 23A. SIGN	ATURE	Z	DEGREE	Attending Med. Phys. Director	Staff Phys.	3/10/6
ond hou	ATURE	Zn_	DEGREE	Phys. Director		11
23A. SIGN	ATURE SICIAN'S NE (Type) PRION FRIC	Zm POMAN	M.B. as	Phys. Director 23D. ADDRESS GREE 5211 Hpr.	Shoff Phys. C	11
23C. PHY: NAM 24A. BURIAL REMOV	ATURE SICIAN'S NE (Type) CREMATION, 24B. D AL (Specify)	JOHAN 240	MAME of CEMETERY	23D. ADDRESS GREE 5211 Hor.	CORD Rd. C	BALTO, Mo, 21 (City, town, or county)
ond hou 23A, SIGN 23C, PHY: NAM 24A, BURIAL REMOV Buria	ATURE SICIAN'S NE (Type) CREMATION, 24B. D AL (Specify)	20 M AN 245 ATE 245 L1/69 (M.B. as	23D. ADDRESS GREE 5211 Hor.	CORD Rd. 20 4D. LOCATION Baltimore, N	BALTO, Mo, 21 (City, town, or county)



69 2577 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 69 2577

BIRTH NO.	,,,,,		.AAMIINEK 5 C				REG. NO.		
1. NAME OF DECE (Type or Print)	LORRAI	ATTE C	MTTI	2. DATE OF	Knawn X	March	8. 19	Year	Hour 1 - EE D
A DIACE IN BAIT			MITH	DEATH 3. DATE	Estimated				1:55 P.
FULL NAME OF HOSPITAL	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITU		PRONO	UNCED DEAD		8, 19		1:55 P.
OR INSTITUTION Jo	ohns Hopkins	Hospit	:al	5. USUAL F A. STATE	ESIDENCE (Where Maryland		COUNTY	n: residence	before odmission)
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OF			. INSIDE CI	TY LIMITS?	
Female	White	WIDOWED	DIVORCED		Baltimore		YE	ES X	NO 🗌
Sept 2,1	lost birthda	y) 46	Under 1 Yr. If Under 24 Hrs. nths: Days: Haurs: Min.	E. STREET	and number 3339 Rave	nwood A	venue		
Marylan			CITIZEN OF WHAT COUNTRY?	13. FATHER	s M Donne	llv			
4A.USUAL OCCUPA		148. KIND OF	BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NAME	ME			
16. WAS DECEASED	D EVER IN U.S. ARMED	FORCES?	17. SOCIAL	18. INFOR			Al	DDRESS	
No No	If yes, give wor ar dotes	ur service)	SECURITY NO.	Mrs M	ildred Lo	ng 3515	Woodle	ea Ave	
19 9	5040		CAUSE OF DEA		100	1	ale C	A	PPROXIMATE INTERVA
	OR CONDITION DIRECT	СТЕУ	Ove	rdose o	f barbitu	rate			
DISEASES OF	asthenia, etc. It means the olication which caused dec TECEDENT CAUSES R CONDITIONS, IF ANY ABOVE CAUSE (A) STAI G CONDITION LAST.	ath.)	(B)	AS A CONSE	QUENCE OF:				
DISEASE OR C	FICANT CONDITIONS CO	THE TERMINA ART 1 (A).	·	AC DEDECT			***********	To Aure	DECKE (VN
ZUA. DATE OF	OPERATION 208. CON	NDIIION FO	R WHICH OPERATION W	AS PERFOR	MED			21. AUTC	OPSY? (Yes ar No
. 26 2	IAL CAUSE WAS	Inn	.PLACE OF INJURY(e.g.,	:bi	22C WHERE DID	(II := D = lat 4			Yes
UNDERLYING UTING CAU 22D. TIME (NOF INJURY	XOR CONTRIB- ISE OF DEATH. Manth) (Day) (Year) (Haur)	Home 22E.INJURY OCCURRED WHILE AT NOT	while (NJURY OCCUR? 3339 Ray 22F. HOW DID IN	renwood JURY OCCUR	Avenue	D	-41
23.	3-7-69	? m.	WORK AT V	VORK LX	Took ove	rdose			
l certif resulte ACTUAL SIGNATUF EXAMINEI	RE Charles S	5.0		ASS	and that an the amicide Commence Commen	Undetermine EXAMINER (EXAMINER (EXAM	d manner [DATE SIGNED
NAME (Ty	P~/		4C. NAME of CEMETERY	or CREMAT	DRY 124D	LOCATION		n, or caunty	
REMOVAL (Specify)							., 0. 200119	(31416)
Burial 25 A. DATE REC'D B	3/12/		Holy Redeemen		FUNERAL DIRECTO	ltimore	Mary	DDRESS	
5	ben 186.	(22.1	2,000 MA		onard J Ru		Balti	more,	Maryland
/S 151-REV. 1/1/68	N 967	09	5 9 0 0	9 2	57	١			

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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



VS 151-REV. 1/1/68

69 2580

BAL ORE CITY HEALTH DEPARTMENT

69 - 2580

BII	RTH NO.		WED	ICAL	EXAMINER'S	CERTIF	ICATE (OF DEA	IH _R	EG. NO			
1. (Ty	NAME OF DEC	EASED SALLEY	K. CI	IA NE Y	(Mosley)	2. DATE OF DEATH	Known Estimoted	Month ☐ March		1969	Yeor	8:00	P.M.
FU	LL NAME OF SPITAL INSTITUTION	(IF NOT	IN HOSPITA	L OR INS	RONOUNCED DEAD TITUTION, GIVE STREET		RESIDENCE (N	March	6,		Yeor residence	8:00	
6.	sex Female	7. RACE Neg		B. MARR	NED NEVER MARRIED	C. CITY C		Taild	D. II	NSIDE CIT	Y LIMITS?	-7	0
9.	DATE OF BIRTH	l H	10.AGE (In lost birthdo	WIDOV yeors 49	VED DIVORCED If Under 1 Yr. If Under 24 H Months Doys Hours M	rs. E. STREET	AND NUMBE Allenda		e	YES	5 🔲	NO 🗌	
11.	BIRTHPLACE (S	tote or foreign	n country)		12. CITIZEN OF UWHATCOUNTRY?	13. FATHE	r's NAME Larence						
14A don	USUAL OCCU	PATION (Give	kind of work en ifretired)	148. KINE	O OF BUSINESS OR INDUS		er's maiden Goldie	NAME					
16. (Ye	WAS DECEASI	ED EVER IN ((If yes, give w	J.S. ARMED or or dotes	FORCES of service) 17. SOCIAL SECURITY NO.	IB. INFO	Emma I	ou Bri	ght		DRESS ne		
NOI	(This does not heart failure, injury or com AN DISEASES C RISE TO THE	E OR CONDI LEADING TO to mean the a asthenia, etc. aplication which NTECEDENT (O DR CONDITION ABOVE CAU GONDITION	DEATH mode of dy: It meons the h coused dec CAUSES DNS, IF ANY USE (A) STAT	ing, e.g., diseose, oth.)	(A)IMMEDIAT DUE TO, C (B)	CUlosis E CAUSE DR AS A CONSE							
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	DITIONS CO RELATED TO GIVEN IN PA	THE TERM	INAL .	****				and the second s			
	DATE OF	OPERATION	208. CON	NDITION	FOR WHICH OPERATION	WAS PERFOR	MED				21. AUTO	PSY? (Yes o no	r No)
MEDICAL	UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23.	USE OF DEA' Month) (Di ify that I he red fram: No	PRIB- ITH. OV) (Yeor old an li atural cau	nquiry [ses x	m. WHILE AT NA	D OT WHILE T WORK Autapsy cide AS	22F. HOW DII	on this basis Undeterrical EXAMINER	CUR?		apinion	date sign	NED
RE	A. BURIAL CREA MOVAL (Specif	MATION, 24	B. DATE	(0	24C. NAME of CEMETER			24D. LOCATIO		City, town,		(Stol	e)
	Burial A DATE REC'D	BY HEALTH C		69 258. N	Mt ubu		metry	Balt	ımo		DRESS	T .	Α

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TONERAL DIRECTOR: IMPORTANT	be approved by the chief medical examiner or his assistant if death occurred in a hospital aried to the hospital by a medical examiner. Also, if the direct or contributing cause of dearnt of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease pital (except where the physician who pronounced death was in regular attendance on the adceased prior to death, Sust be obtained before the remains are embalmed or final disposition is made.	
LE	exa exan 3) A n wh n re	
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	this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deathows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death, Su written approval must be obtained before the remains are embalmed or final disposition is made.	
	certi Sody 7s: (1) D.O. ased	1
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital arthe body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dearshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Su written approval must be obtained before the remains are embalmed or final disposition is made.	1

ATE OF DEATH REG. NO. 69 250
2. DATE AND HOUR OF DEATH
3-4-69 2:35
4. USUAL RESIDENCE (Where deceased lived, If institution: residence before od
IN SINIE & COUNTY
Maryland 11-04
C. CITY OR TOWN D. INSIDE CITY LIMITS?
Baltimore YES X NO
E. STREET AND NUMBER
1317 Etting Street
1) 1)1/ Eccing Screet
8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under
8. DATE OF BIRTH 9. AGE (in years if Under 1 Yr. If Under 7-18-1896 iast birthdays Months Doys Hours
Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO
Virginia U.S.A.
14. MOTHER'S MAIDEN NAME
17. INFORMANT ADDRESS
Audrey Ruabin-Friend SAME
DAME DAME
TH APPROXIMATE INT
BETWEEN ONSET AN
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USE CHENTING PETELLE
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The state of the s
304000 4 m m m m m m m m m m m m m m m m
120A ALLEGRAVA V NAV COR LE VAC LUCAS CONTRACTOR
20A-AUTOPSY? (Yes of No) 208, IF YES, WERE FINDINGS CONSIDERED
No IN CERTIFYING CAUSES OF DEATH?
IN CERTIFYING CAUSES OF DEATH? In or obout 21C. WHERE DID If to Boltmore City, give exact location
No IN CERTIFYING CAUSES OF DEATH?
in or obout 21C. WHERE DID (If the Boltimore City, give exact location) in JURY OCCUR?
IN CERTIFYING CAUSES OF DEATH? In or obout 21C. WHERE DID Sffice bidg., INJURY OCCUR? [If in Bolitmore City, give exact location] 21F. HOW DID INJURY OCCUR?
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In or obout 21C. WHERE DID (If in Boltmore City, give exact location) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 10 TCh 4, 19 69 to March 4, 19
IN CERTIFYING CAUSES OF DEATH? In or obout 21C. WHERE DID (If in Boltmore City, give exact location) 21F. HOW DID INJURY OCCUR? IE 19 69 and that in(my) (aur) opinion death accurred an tile
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IN CERTIFYING CAUSES OF DEATH? In or obout 21C. WHERE DID still in Boltmore City, give exact location) 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 19 69 and that in(my) (aur) opinion death accurred an the still with the bady after death. 23R. DATE SIGNED 3-5-69 23D. ADDRESS 1514 Division Street Balto., Maryland
Y



VS 150-REV. 1/1/68



69 2583 BALTIMORE CITY HEALTH DEPARTMENT

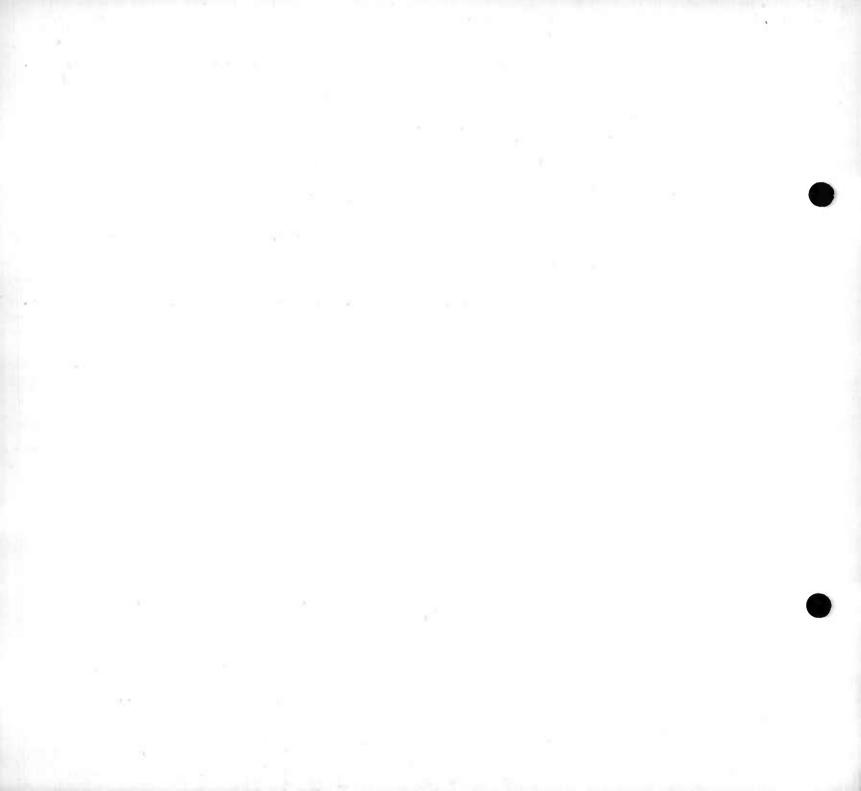
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	
1. NAME OF DECEASED	2. DATE Known X Month Day Y	ear Haur
(Type or Print) STANLEY ALSTON	OF DEATH Estimoted 3 5 6	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		eor Hour ,
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD March 5, 19	69 6:55 am
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution: resid	
Sinai Hospital D.O.A.	A. STATE B. COUNTY Maryland	5-12
6. SEX 7. RACE 8. MARRIED NEVER MARRIED		NITS?
Male Colored WIDOWED DIVORCED	7 1.	ма П
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	NO L
8-8-1948 ast birthday) Manths, Doys, Hours, Min.	2401 Loyola Southway	
11. BIRTHPLACE(State or foreign Quantry) 12. CITIZEN OF	13. FATHER'S NAME	
Manny WHAT COUNTRY?	Higher I Tistale	
14A. USUAL OCCUPATION Give kind of work 148. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
dane during most of working life, even if retired)	Mente to Meta	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRES	is -
(Yes, no ar unknown) (If yes, give war or dotes of service) SECURITY NO.	11.1+.1-1.0. 2012	P.11.
19. CAUSE OF DEA	THE STATE STATES	APPROXIMATE INTERVAL
304,41		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
(A)IMMEDIATE	CAUSE Intravenous narcotism AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the diseose, injury or complication which coused death.)	AS A CONSEQUENCE OF	
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:	
MISE TO THE ADOVE CAUSE (A) STATITIO THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. 7	AUTOPSY? (Yes or No)
		YES
	, in ar about 22C. WHERE DID (If in Baltimare City, give exact laca ce bldg., etc.) INJURY OCCUR?	tion)
22D. TIME (Month) (Doy) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(ADDROV)	T WHILE	
23.		
I cortify that I held on Inquiry Inspection Au	otopsy XX and that on this basis, death in my opini	on
resulted from: Natural couses XX Accident Suici	de Homicide Undetermined monner	
7 1 2	CHIEF MEDICAL EXAMINER	D. 4 = 5 (10.4 5 D
SIGNATURE COULD TO M.E.	ASSISTANT MEDICAL EXAMINERX	DATE SIGNED
SIGNATURE M.E	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson M.D.		3/5/69
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, ar co	
REMOVAL (Specify) 3-8-69 Mt. 111	hun Baltimase	my
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	25C/FUNERAL DIRECTOR / ADDRES	SS
MAR 18 1969 12 0 15 0 20 10 10 10 10 10 10 10 10 10 10 10 10 10	1/10 + 1 / in:	an Man

VS 151-REV. 1/1/68

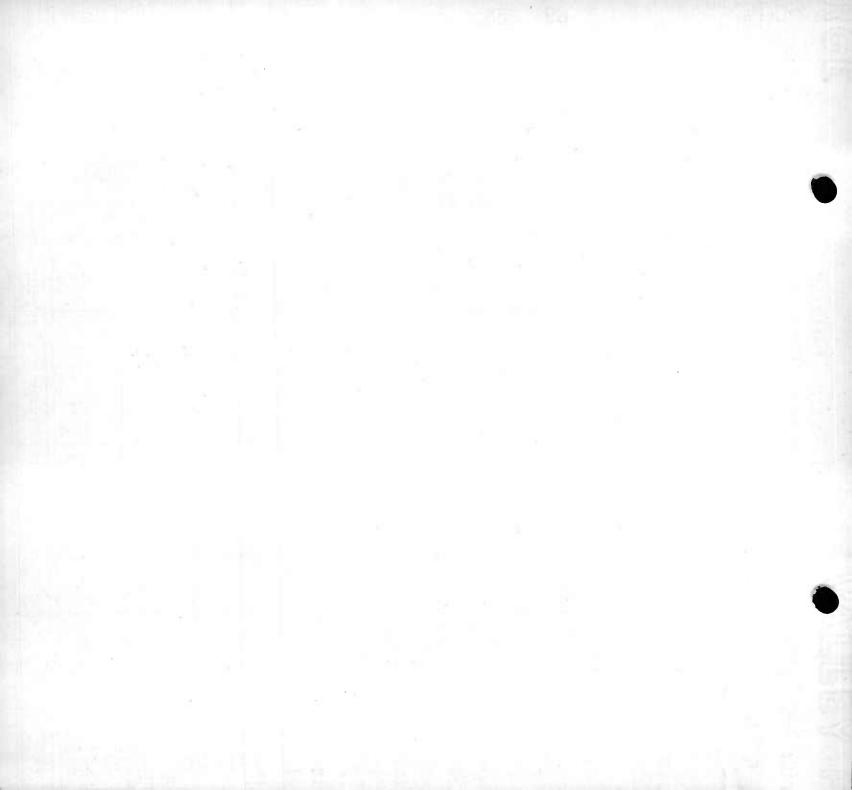
VS 150-REV. 1/1/68

a hospital and

		69 2	2584	CERTIFICA	HEALTH	DEPARTMENT			69	2584
BII	RTH NO.			CERTIFICA	TE O	F DEATH	REG. NO		00	7041
	NAME OF DECEASED ype or Print)	lack Fork				2. DATE A	ND HOUR OF DEAT	Н 1	5:2	25 a.
3.	PLACE IN BALTIMORE, MARYL			CED DEAD	4. USUA	L RESIDENCE (WI	ere deceased lived II	institution; re		
FL	ULL NAME OF (IF NOT IN	HOSPITAL OR I	NSTITUTIO	N. GIVE STREET		yland	114.13	16	2-0	2
IN	ISTITUTION			ON, GIVE STREET	C. CITY	DRIOWN	D. IN	ISIDE CITY LI	MITS?	
ľ		lent Hos	-	•		timore		YES 🔼	N	• <u> </u>
-	,	Division nore, Man				T AND NUMBER				
5	SEX 6. RACE				-	l Riggs A				
	Male Negro			NEVER MARRIED	8. DATE	22.11	9. AGE (In years last birthday)	Months	Doys He	Under 24 Hrs
10/	A. USUAL OCCUPATION (Give kin		WED	DIVORCED	7-1	5-1907 PLACE (State or for	61			
daı	ne during most of working life, even if	retired)	0, 50	SINESS ON INDUSTRI				12. CITI	ZEN OF W	HAT COUNTR
12	FATHER'S NAME				Gol	dsboro,	N.C.	Ţ	J.S.A	4.
100					14. MOTE	ER'S MAIDEN NA	AME			
	Crumble				M,	A				
15. (Ye	Was Deceased Ever in U. S. Ar s,no or unknown) (If yes, give wo	med Forces? r or dates of serv	ice) 16.	SOCIAL SECURITY NO.	17. INFOR	MANT			ADDRESS	
	No.		22	23-26-0775	Rev.	Fancher-p	astor 410	5 Spri	ingda.	le Ave.
	18. // =/ //			CAUSE OF DEAT	1					MATE INTERVAL
	DISEASE OR CONDITI								BETWEEN OF	NSET AND DEAT
	LEADING TO I			(A)IMMEDIATE CAU	SE Ver	iminal Po	Bunchopnu	uminio.	,	
	(This daes nat meon the m heart foilure, asthenio, etc. It injury ar complication which	means the dise	ease,	DUE TO, OR AS	CONSEQ	UENCE OF:				
	ANTECEDENT C			Re le .		serler 1	and on the	.		
	DISEASES OR CONDITION		ivina	(8) DUE TO, OR AS	A CONSE	VIENCE OF	-ecielent			
	rise la the abave caus	e (A) slating	the	5 - 1 - 0, 0 // AG	~ CONSEC	TOLINGE OF:				
	UNDERLYING CONDITION I	ast.		(c)				************		
NO	OTHER SIGNIFICANT CONDITIO	NE CONTRIBUTI	NC							
ATIO	110 THE DEATH BUT NOT RELAT	ED TO THE TERMIS	NAL	*************************		***************				
	19A- DATE OF OPERATION 19	B. CONDITION F	OR WHIC	CH OPERATION	20A. A	UTOPSY? (Yes or N	o) 208, IF YES, WER	FINDINGS	CONSIDE	RED
ERTIFIC	O W	AS PERFORMED				No	10) 208. IF YES, WERI	AUSES OF D	EATH?	
U	21 A. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE	YING	21 B. PLA	CE OF INJURY (e.g., ir	or obout 2	1C. WHERE DID	(II In Boltim	ore City, give	exact loca	tlon)
ZA	DEATH (notify medical examine	1	etc.)	orm, foctory, street, oli	ice plag., I	NJURY OCCUR?				
EDÍ	21 D. TIME (Month) (Day) OF INJURY	(Year) (Hour)		URY OCCURRED		IF. HOW DID IN	JURY OCCUR?			
ξ	(APPROXI		While A	Not While						
	22. 1 certify that (1) (this h	sentent\ seessel	WOIK	AI WORK	1	24	1969 to Marc	h 6		- 69
	that (I) (we) last saw the d				19_	60				19 2
							hat fn(my) (our) op	inion deot	n occurre	d on the date
	ond haur and fram the caus 23A. SIGNATURE	es stated abov	'e. (Ι) (π	e) (did) (did not) vi	ew the b	ody ofter deoth.		100B B 4 T 5	CONTE	
	V	0	la e	Atter	ding [Med.	Staff (57)	238. DATE	5-69	
	23C. PHYSICIAN'S	Herri & To	14.	DEGREE Phys.	3 D. ADDR	Director L	Staff Phys.			
	23C. PHYSICIAN'S NAME (Type)	en 10	1			Division	Street F	Balto.	Mar	vland
24.6	VIRGINIA VA. BURIAL CREMATION, 248, D	FIFUS	>10,	DEGREE						January
-45	REMOVAL (Specily)	24	C. NAME	of CEMETERY of CRE	MATORY	24D, 1	LOCATION (City, town, or	county)	(State)
25		-11-69	Fred	erick Dou	lass	Cem St	taten Isla	and N	ew Y	ork
25A	A. DATE REC'D BY HEALTH DEP	T. 258. NA	ME OF RE	EGISTRAR	25C. FI	NERAL DIRECTO	R			
	WK . G	VIII C	2	10 B	O MA	THE D	ETT F.H.	1701	Laur	ens St



VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68

		0 0 000			REG. NO.	69 2586
BIRTH NO.	6	9 258	CERTIFICA	TE OF DEATH	REG. NO.	~~~
NAME OF DE	CEASED				AND HOUR OF DEA	
Type or Print)	Ellibo El	leanor (E	7			TH
2 PLACE IN DA	TITTION TI	ND, WHERE PRONC	Lnora)		3 -6-6 9	8:05 p
or reace in pa	LIMORS MARILA	ND, WHERE PRONC	OUNCED DEAD	A. STATE B. COL	here deceased lived. I	Il institution: residence belore odn
FULL NAME OF	UE NOT IN E	HOSPITAL OF INSTIT	THEON CIVE STREET	Maryland		12 01
HOSPITAL OR			IUTION, GIVE STREET	C. CITY OR TOWN		1-0-01
	Provident	Hospital			D. II	NSIDE CITY LIMITS?
37	1514 Divis	ion Street	:	Baltimore		YES 🔀 NO 🗌
~ /	Baltimore,			E. STREET AND NUMBER		
		Maryland	21217	906 Whiteld	ock Street	
. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. Il Under
Female	Negro	WIDOWED	= -	77 70 00	lost birthdoyl	Months Doys Hours
	UPATION (Give kind	of work JUS KIND O	E BISINESS OF INDICATE	11-10-22	46	
lone during most of	working life, even il re	elired)	L ROSHIESS OF HADOSIK	III. BIKIMPLACE (Store of to	oreign country)	12. CITIZEN OF WHAT CO
	sewife	Hor	ne	Nonth C	Gnoon	777177
3. FATHER'S NA		1101		North Caroli	na, Greer	nvilleu s A
		Little		Cornelius	Little	
5. Was Deceases	Ever in U.S. Arm	ed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	" or yes, give war o	or dotes of service)	SECURITY NO.	- IM A		
No.			547-TO-000	Mr. Ardell, El	Libe-Husban	nd Same
18.5 90	1 0 1		CAUSE OF DEAT	Н		APPROXIMATE INTE
heart lailure, injury or con	osthenio, etc. II n nplicotion which co ANTECEDENT CA OR CONDITIONS.	USES		A CONSEQUENCE OF:	~ .	ulus.
heart lailure, injury or con DISEASES (inse la Ih UNDERLYING	osthenio, etc. II n nplicotion which co ANTECEDENT CA DR CONDITIONS, e above cause G CONDITION las	neons the diseose, aused deoth.) .USES il ony, giving (A) stating the st.		Me Rys Jine A CONSEQUENCE OF:	~ .	Ww.
DISEASES (nise la lh UNDERLYING OTHER SIGNIE TO THE DEAT	osthenio, etc. II n nplicotion which co ANTECEDENT CA DR CONDITIONS, e above cause G CONDITION los II EICANT CONDITION: IT BUT NOT RELATED ONDITION GIVEN II	neons lhe diseose, aused deoth.) USES il ony, giving (A) stating the st. S CONTRIBUTING TO THE TERMINAL N PART I (A)	(B) Chase DUE TO, OR AS	A CONSEQUENCE OF:	phiers	
DISEASES (nise la lh UNDERLYING OTHER SIGNIE TO THE DEAT DISEASE OR C 19A. DATE OF	osthenio, etc. II n nplicotion which co ANTECEDENT CA DR CONDITIONS, e above cause G CONDITION los FICANT CONDITION H BUT NOT RELATED ONDITION GIVEN II OPERATION 198. WA:	neons the diseose, aused deoth.) USES if ony, giving (A) stating the st. S CONTRIBUTING TO TO THE TERMINAL N PART 1 (A). CONDITION FOR VS PERFORMED	(B) Chase DUE TO, OR AS (C)	20A. AUTOPSY? (Yes of N	phiers	E FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES (nise in	osthenio, etc. II n nplicotion which co ANTECEDENT CA OR CONDITIONS, e above cause G CONDITION los FICANT CONDITION HIBUT NOT RELATED ONDITION GIVEN II OPERATION 198 WA: NT WAS UNDERLY JTING CAUSE OF	il ony, giving (A) stating the st. S CONTRIBUTING TO THE TERMINAL PART I (A). CONDITION FOR VS PERFORMED NG 218, ham etc.	(B) Chills DUE TO, OR AS (C)	A CONSEQUENCE OF:	No) 208. IF YES, WER	
DISEASES (nise la lin UNDERLYING OTHER SIGNIE TO THE DEAT DISEASE OR C 19A-DATE OF 21A-ACCIDE OR CONTRIBL DEATH (noifly	osthenio, etc. II ninplicotion which co ANTECEDENT CA DR CONDITIONS, e above cause G CONDITION los III CANT CONDITION (CANTON CONDITION GIVEN II OPERATION 198. WAS UNDERLY)	il ony, giving (A) stating the st. S CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR VS PERFORMED NG 218, ham etc. Yeon) (Hour) 21E,	(B) Chills DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., or form, foctory, street, or injury occurred)	20A-AUTOPSY? (Yes of N	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES (nise in the UNDERLYING OTHER SIGNIF TO THE DEATH DISEASE OR CO. 19A-DATE OF OR CONTRIBLE DEATH (notify	osthenio, etc. II n nplicotion which co ANTECEDENT CA OR CONDITIONS, e above cause G CONDITION los FICANT CONDITION HIBUT NOT RELATED ONDITION GIVEN II OPERATION 198 WA: NT WAS UNDERLY JTING CAUSE OF	il ony, giving (A) slating the st. S CONTRIBUTING TO THE TERMINAL N PART 1 (A). CONDITION FOR V S PERFORMED NG 218, ham etc. Yeon (Hour) 21E, Whi	(B) Chaco DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., of form, foctory, street, of injury occurred)	20A. AUTOPSY? (Yes of NO INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
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WHILE AT

Accident

25B. NAME OF REGISTRAR

Inspection X

WORK

(APPROX.)

ACTUAL

24A. BURIAL CREMATION.

Burial

25A. DATE REC'D BY HEALTH DEPT

REMOVAL (Specify)

VS 151-REV. 1/1/68

SIGNATURE

I certify that I held an Inquiry

24B. DATE

NAME (Type) Charles S. Springate, M.D.

resulted from: Natural couses X

23.

NOT WHILE I

Autopsy ___

Homicide

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

ond that an this basis, death in my opinion

A.A.

DYETT F.H.

Undetermined manner

24D. LOCATION (City, town, or county)

Co.,

DATE SIGNED

3-8-69

Maryland

1701 Laurens

ADDRESS

AT WORK

Suicide

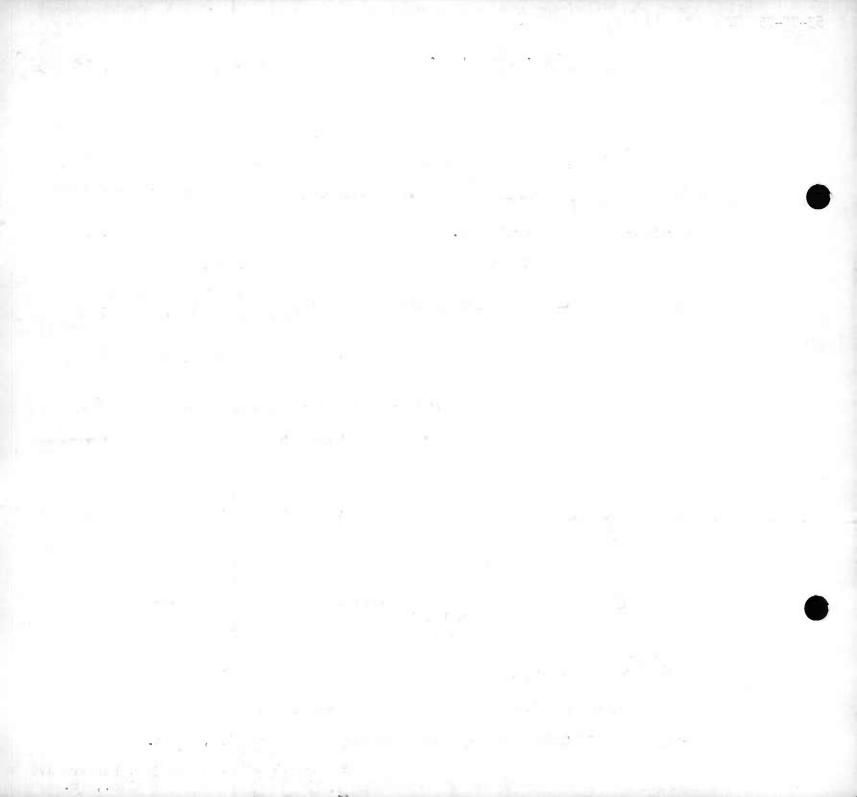
Mt. Calvary Cemetery

24C. NAME of CEMETERY OF CREMATORY

Y	- 52	1 69 2588 CERTIFIC	T HEALTH DEPARTMENT	
ે ટ	5597	BIRTH NO.	ATE OF DEATH REG. No.	RR
2	of death) Deceased ice on the	(Time of the state	2. DATE AND HOUR OF DEATH 2	7
_	P S E .	CHIHERINE POUNC	2-7.69 12	A.
hospit	s) Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before of	dmission
S	O IN E	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		00
	se; (tans)	ILINSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
	3 0	ISINAL HOSP	Parkville YES NO [X]	
-=	d cau r att prior	(13) 100	E. STREET AND NUMBER	-
ě	ar de.	100	2917 Chenoak Avenues	
_ 5		5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye. If Under 1 Age Hours) Hours	r 24 Hrs
S S	ermir regul eased is ma	WIDOWED DIVORCED	1 1119 179 1 6 9	Min.
ي د	dete in r	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT C	OUNTR
a to	(4) Undet was in the dec	At home		
9	Und Und as in	13. FATHER'S NAME	Penn. USA	
_ =	(4) U wa the spos			
Z	등의구소등	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar doles of service) 16. SOCIAL SECURITY NO.	Ida Lenz	
Sta P	kind; death ce or		, to be the second of the seco	
Ssi Ssi		No 220-50-255	P Hosp. Records	
IMPORTANT	any any ced nda	18. 4 2 4 CAUSE OF DEA	TH APPROXIMATE IN	TERVAL
A Pig	0	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AN	ND DEATH
= 5	d 0 0 = E	(This does not mean the mode of dying an (A)IMMEDIATE CA	oseyestive heart fuilve 2 year	WT
# è	oron ar ar bain	(This daes not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:	
O E	C B SE		- 1/0	
CTOR:	A fr who reg	DISEASES OF CONDITIONS (B)	CUD 2 year	res
E X	3) X		S A CONSEQUENCE OF:	
DIRE	E S III	UNDERLYING CONDITION last. (C)	***************************************	
. 5	medical burns; physicia an was remain	7		
Al en	bodic hysi	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL	failure III.	
黑 广		DISEASE OR CONDITION GIVEN IN PART 1 (A).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
FUNERAL	Body Body the hysici	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1995. CONDITION FOR WHICH OPERATION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 1.	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
⊋ ೄ.	phy ore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., of CONTRIBUTING CAUSE OF home, form, foctory, street, of the contribution CAUSE OF home, form, foctory, street, of the contribution CAUSE OF home, form, foctory, street, of the contribution CAUSE OF home, form, foctory, street, of the contribution CAUSE OF home, form, foctory, street, of the contribution CAUSE OF home, form, foctory, street, or cause 100		
- ‡.	7 0 0 0	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (nalify medical examiner)	in or about 21G, WHERE DID lifice bidg, INJURY OCCUR? [If In Bottimore City, give exact location]	
by	T S X A	DEATH (nalify medical examinet) 21D.TIME (Manth) (Doy) (Year) (Hour) OF INJURY White At The New West		
P	the hospi ny nature except w and (6) P obtained	OF INJURY (APPROX.) While At Work At Work	21F. HOW DID INJURY OCCUR?	
> ò	\$ 5 p p			
pprov	any n (exce ; and obtai	22. I certify that (1) (this haspital) attended the deceased from	- plr 20 19 69 to March ? 19	69
0	0 0	that (1) (we) last sow the deceased alive an March	19 9 and that fr (my) (our) apinian deoth accurred an t	the date
	dent of dent of ospital death) must be	and haur and fram the causes stated abave. (1) (We) (did) (did nat)	riew the bady after death.	
	leased to ident of hospital o death) I must be	23A. SIGNATURE	23 B, DATE SIGNED	
must		Daniel Cheeman MD DEGREE Physician's	anding Med. Staff Staff Staff	
	- 5 - 5	NAME (Type)	23D. ADDRESS	
80	(1) An a control of prior approx	DANIEL GREENWALDDEGREE	SINAIHOSP	
9400	~ = = I	24A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR		(Stote)
0	S:: D.C D.C		tent to the state of the state	
is c	the body shows: (1) was D.O./ deceased written a	Burial 3/11/69 Belfast Cemet	ery Belfast, Penn. 25C. FUNERAL DIRECTOR ADDRESS	
4	K d k s h	MAR 1 0 1969 () Date & Scalestin		اء
	I	VS 150-REV- 1/1/68	C.F.EVANS & SON 8802 Harford roa	d

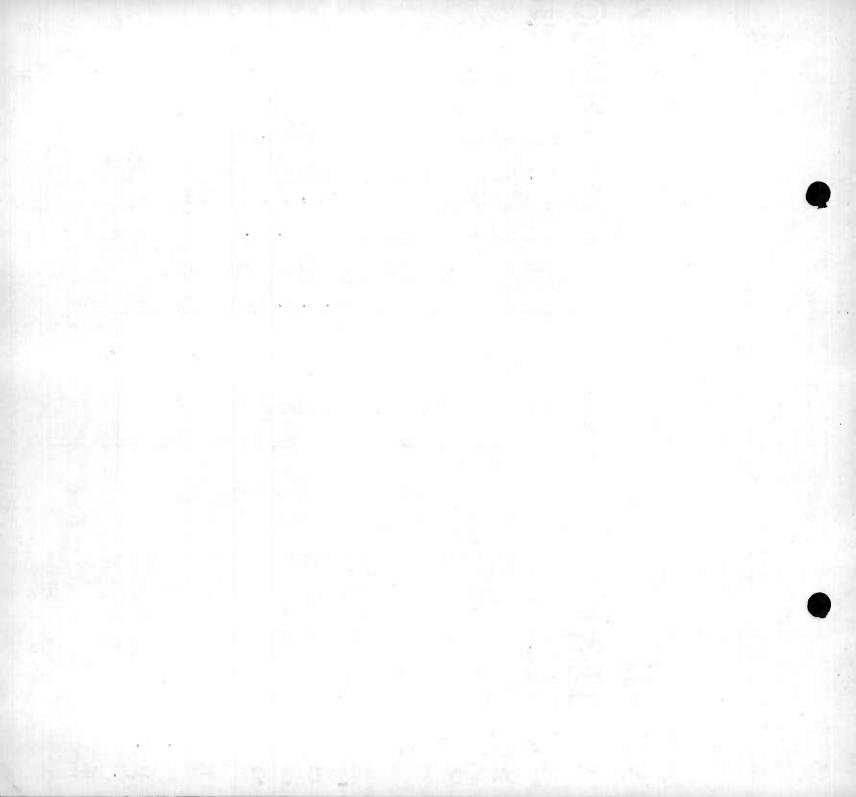


Such Such		TY HEALTH DEPARTMENT 69 2589					
	CERTIFIC	ATE OF DEATH REG. NO.					
	Type or Print) John W. Miller, Sr.	2. OATE AND HOUR OF DEATH 3/7/49 1/07 1/07					
3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCEO DEAD	4. USUAL RESIDENCE (Where decoosed lived. If institution: residence before admission) A. STATE B. COUNTY					
FHI	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION. GIVE STREET ADDRESS OR LOCATION) BALTIMORE CITY HOSPITALS	MARYLAND BALTIMORE 53-00 C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	3 4940 EASTERN AVENUE	E. STREET AND NUMBER					
	BALTIMORE, MARYLAND #21224	1319 OLD EASTERN AVENUE #21221					
5.	male WHITE WINDWED NEVER MARRIED WINDWED	" Months! Days Hours Min.					
10	THID OWED DIVOKCED] 10-23-13					
ac	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTION one during most of working life, even if retired)						
	Supervisor Martin Co.	PENNSYLVANIA U.S.A.					
13	3. FATHER'S NAME	14. MOTHER'S MAIOEN NAME					
	CHARLES MILLER	MARY CLAUDY					
5 Y	5. Was Oeceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	RECORDS: Baltimore City Hospitals					
_	No 172 01 0732	4940 Eastern Ave. #21224					
	18. 437 0 1 CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
	(This does not mean the mode of dving, e.g., (A) MMEDIATE C.	SACONSEQUENCE OF:					
heart failure, asfhenia, etc. It means the disease, injury or complication which caused death.)							
	ANTEGORIAL GALLER	cerutic corebra Masculane Disense Syears					
DISEASES OR CONDITIONS if any giving DIFTO OR AS A CONSCILENCE OF							
	rise to the above cause (A) stating the						
	C)	The Hyper-tension 5 years					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
FIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CERTIFIC		7,00					
CAL	OR CONTRIBUTING CAUSE OF hame, form, factory, street, etc.	in or obout 21C. WHERE DID (If In Baltimore City, give exact location) affice bldg., INJURY OCCUR?					
MEDI	OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURREO	21F. HOW OLD INJURY OCCUR?					
<	(APPROX.) While At Not Who At Work	ile l					
	22. I certify that (1) (this hospital) attended the deceased fram	2/2+/65 19 to 3/7/65 19					
	that (1) (we) last saw the deceased alive on 317/69	19and that in(my) (aur) opinion death accurred an the date					
and haur and from the causes stated above (1) (We) (did) (did not) view the body after death.							
	23A. SIGNATURE	23B, DATE SIGNEO					
	Leurs Cesher MD OFGREE	tending Med. Stoff Mys. 3/7/69					
	23C. PHYSICIAN'S NAME (Type)	23D, ADDRESS					
	DAULD Acher & D	BALTIMORE CITY CHOSPITALS					
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION (City, lawn, or county) (State)					
	Burial 3/10/69 Rolling Green Ce						
25	A. DATE REC'O BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C/ NEBAY OLD WALLEN A OORESS					
	MAR & 0 1969 (oruzdziński funeral Home 1407 Eastern Ave					
;	150-REV. 1/1/68	1 9 9 9 11// Balton, 18.					



DIRTH NO	69	259	71	TE OF DEATH	REG.	No. 69	2590	
BIRTH NO.	CEASED				AND HOUR OF	DEATH		
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3. PLACE IN BA	ALTIMORE, MARYLAND, W	1 J Ra	UNCED DEAD	4. USUAL RESIDENCE (WI A. STATE B. COL	nere deceased liv	ed. If institution	on: residence before odmission	
FULL NAME O	F (IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Maryland 25 / 20				
NSTITUTION ADDRESS OR ECCATION)				C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?				
40				125				
7	St. Ag	nes Hos	pital	e. STREET AND NUMBER 2709 Annap	olis Rd.			
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	ors If U	Jnder 1 Yr. If Under 24 Hrs	
Male	White	WIDOWED	DIVORCED	Oct. 10, 1914	54	,,,,,	10013	
		108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12.	CITIZEN OF WHAT COUNTR	
Plumbe	of working life, even if retired)	P1	umbing	Goorgia			TT C A	
3. FATHER'S N.		1.1	.unding	Georgia 14. MOTHER'S MAIDEN N.			USA	
restrikk y 14.								
	John G. Ray			Susie Bri	.dges			
S. Was Deceose	ed Ever in U. S. Armed Forman (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No	, , , , , , , , , , , , , , , , , , , ,	0 00 00111007		Mrs. Marjorie	Ray 27	09 Anna	polis Rd.	
18. 4	0,01		CAUSE OF DEAT	H / / ~	1		APPROXIMATE INTERVAL	
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	e, asthenia, etc. II means omplication which caused		(Some	11/8 M	Ruth	B. accom	110	
	ANTECEDENT CAUSES		CELEKA	y vary icen	ey work	ungena	10/x Khen	
DISEASES			(B)	A CONSEQUENCE/OF:			o you	
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OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF	21E hon etc.	ne, form, foctory, street, of	n or obout 21C. WHERE DID	(If In	Baltimore City	, give exact location)	
	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
21 D. TIME OF INJURY (APPROX.)		WH	ile At Not Whil	e 🗖				
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		ed obove	(did not) v	lew the body ofter deoth				
23A SIGNAT	TURE PO	(//	A	-1: -1 u-1 -	c. " —	23 B.	DATE SIGNED	
7000	welling & paris	n/ 1/1	Phy	mding Med. Director	Staff Phys.		Mar 61	
NAME	(Type)	5 001		23D. ADDRESS / //	TEALE	R. U.	Malara	
AAUR 24A. BURIAL CI REMOVAL	REMATION, 248. DATE	24C.N	AME of CEMETERY OF CRI	EMATORY 24D.	LOCATION	(City, 1d	wn, or county) (State)	
Buria		9	Gedar Hill	n	moolel	A A .	Co 1/13	
	D BY HEALTH DEPT.	1	OF REGISTRAR	2SC. FUNERAL DIRECTO	rooklyn,	A. A.	GO • MC • ADDRESS	
MA DATE REC		ZJB. INAIVIE	2 To Da		Cully	720		
-80	AR AU 1969 ()	D. Or 2	S. COLLEGE WIT	0 2 5 8 MG	Charth	130	E. Fort ave	
/S 150-REV. 1/1	1/6B	1						

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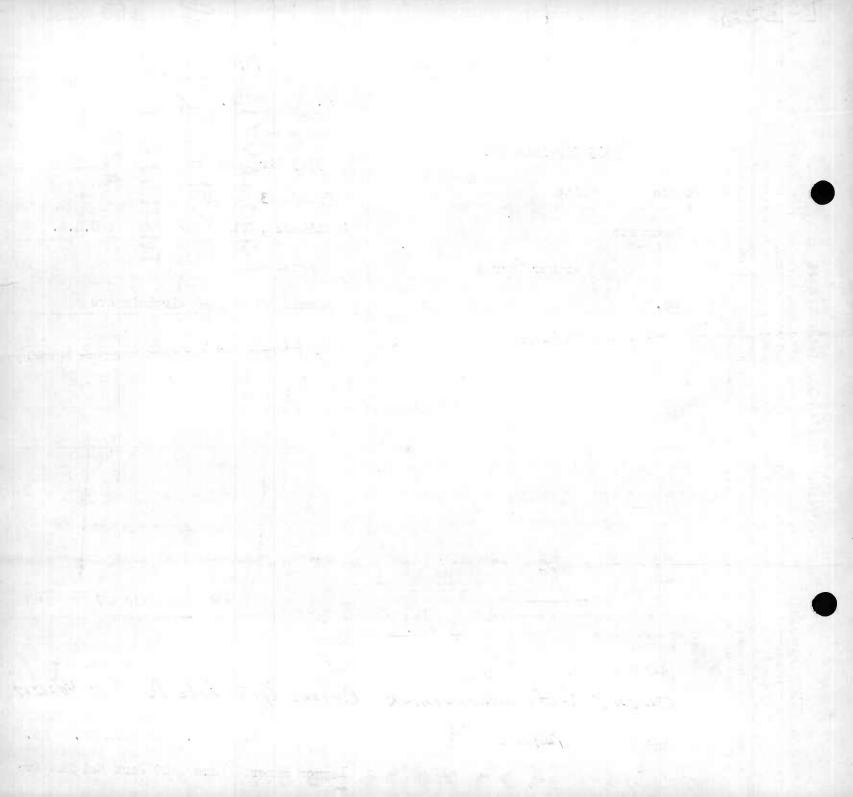
69 2592 BALTIMORE CITY HEALTH DEPARTMENT

69 2592

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	RE
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BIRTH NO.	7712		WWW TERO		or the Oi	D L / (1111	REG. NO.			
NAME OF				2. DATE	Known 🔼	Month	Doy	Year	Haur	
Type or Print)	JOSEPI	H A. SALI	10N	OF DEATH	Estimated 🗆	March	6, 19	69	6:05	A.M.
. PLACE IN	BALTIMORE, MARYLAND,	WHERE PRONO	DUNCED DEAD	3. DATE		Month	Doy	Year	Hour	
ULL NAME OF IOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC		ON, GIVE STREET		NCED DEAD SIDENCE (Where		6, 19		6:05	
42	Sinai Hospita			A. STATE	Maryland	8.	COUNTY	4	7-3	34
. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	IOWN	D	. INSIDE CI	TY LIMITS?		
Male	White	WIDOWED	DIVORCED .		Baltimore		YE	s X	NO 🗌	
June 2	4. 1951 lost birthe		nder 1 Yr. If Under 24 Hrs. ths Doys Haurs Min.		ND NUMBER 3905 Whit	e Avenue	9.			
	E(Stote ar fareign cauntry) imore, Md.	12. (CITIZEN OF WHAT COUNTRY?	13. FATHER			THE'			
4A.USUAL OC	CUPATION (Give kind of wor	k 14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NAM	ΛE				
	of warking life, even if retired	Race	Track		Peggy A.	Cramer				
6 WAS DECE	ASED EVER IN U.S. ARMI	ED FORCES?	17. SOCIAL	18. INFORM	4		Al	DDRESS		
es, na ar unkna	wn) (If yes, give wor ar date	s of service)	SECURITY NO.	Mno F	eggy Stag	maier	3905 W	hite /	Ave	
19.	3/1 V		CAUSE OF DEAT		058) DOW	,1102.02	3,47	Al	PPROXIMATE IN	
DISEASE RISE TO UNDERLO	ure, osthenio, etc. It means to complication which caused department of the complication which caused department of the cause of the cause (A) SI THE ABOVE CAUSE (A) SI THE ABOVE CAUSE (A) SI THE CONDITION LAST. II IGNIFICANT CONDITIONS OF THE CAUSE O	NY, GIVING ATING THE	(c)	AS A CONSEC	UENCE OF:					
	OF OPERATION 20B. CO		WHICH OPERATION WA	AS PERFORM	ED				PSY? (Yes o Yes	r Na)
22A. EXT UNDERLYI UTING	TERNAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.		PLACE OF INJURY(e.g., e, farm, factory, street, office home		3905 Bel	le Aveni	1e	oct locotion)	-10	
OF INJURY			2E.INJURY OCCURRED		F. HOW DID IN	JURY OCCUR	?			
(APPROX.)	2-24-69 9:45	P. m.	WORK NOT	ORK X	Shot at f	riends h	iouse			
ACTU SIGN EXAM	ATURE Charle AINER'S Charle E (Type)	es S. Spr		and that an this basis, death in my apinian Hamicide \(\begin{align*} \text{Undetermined manner} \\ \text{CHIEF MEDICAL EXAMINER} \(\begin{align*} \text{DATE SIGNED} \\ \text{ASSISTANT MEDICAL EXAMINER} \(\begin{align*} \text{March 6, 1969} \end{align*} \)						1ED
24A. BURIAL C REMOVAL (S	pecify)	10/1969	Holy Redeeme			elair Ro	d. Bal		e, Md.	e)
25A. DATE REC	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR		UNERAL DIRECT		-	DDRESS		
	MAU 1 1 10	00 00	e C T C	L	mmon Fun	eral Hon	ne 4609	Park	Height	SAL
	ten change to	A 6 1 A 6 1	the first property of the last		7 63 6	2				

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VS 150-REV. 1/1/65

and

a hospital

BIRTH NO.	65	3 25	BALTIMORE CI	TY HEALTH DEPARTM	MENT Registered N	· 69 2594					
M.E. CASE NO. 1.NAME OF DE (Type or Print)	*****		tonina) KOTE		DATE AND HOUR OF DEA March 9, 196	TH TH					
3. PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDEN	ICE (Where deceased lived, I						
FULL NAME HOSPITAL OR INSTITUTION			give street	C. CITY OR TOWN	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE R. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore						
	2213 E. 1	Lombard	Street	D. STREET ADDRES		reet /05					
5. sex Female	6. RACE White	Separ	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH Dec. 24,		If Under 1 Yr. If Under 24 Months Days Hours A					
Housew:			Home	Poland	te ar fareign country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.					
13. FATHERS NA	Leopold Blu	usiewicz	3	14. MOTHER'S MAI							
(Yes, no or unknow	rd Ever in U. S. Armed For		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS					
No				Stanley Ko	terwas 2213	E. Lombard Street					
1B. 13	3,91	30	CAUSE	OF DEATH		INTERVAL BETWEEN					
DISEA	ASE OR CONDITION DI LEADING TO DEATH	RECTLY	CI	1 n (150)	17 BOUEZ						
hearl failure	nal meon the made af , asthenio, etc. It means mplication which caused	the disease, death.)		7.0.0.7.9	100000						
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TO THE DISEASE OR	II VIFICANT CONDITIONS CODEATH BUT NOT RELA R CONDITION CAUSING	ATED TO TH	G E								
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21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		INJURY OCCURRED	nile 🦳	DID INJURY OCCUR?	1					
22. I certify	22. I certify that (I) (this hospital) attended the deceased from 5/6 19 for 3/9 1969										
) lost sow the decease		2/9	19 6 9		pinion deoth occurred on the					
ond hour on	ond hour and from the causes stated above. (1) We (did) (did nat) view the body after death.										
1900	amin la	hote	M.D. A	ttending Med.	Stoff Phys.	3/11/69					
PHYSICAL NAME (19,1114	HS7E	TN M.C	100011	416 HAAAAD	GRATO. MM.					
REMOVAL	(Specify)	1141	AME of CEMETERY of C	REMATORY	24D. LOCATION	(City, tawn, ar county) (St					
Burial	3-13-1		HolyRosary	lose Survivos		unty, Maryland					
ZOA. DATE REC'I	D BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL D	IRECTOR	ADDRESS					

& Zeiler

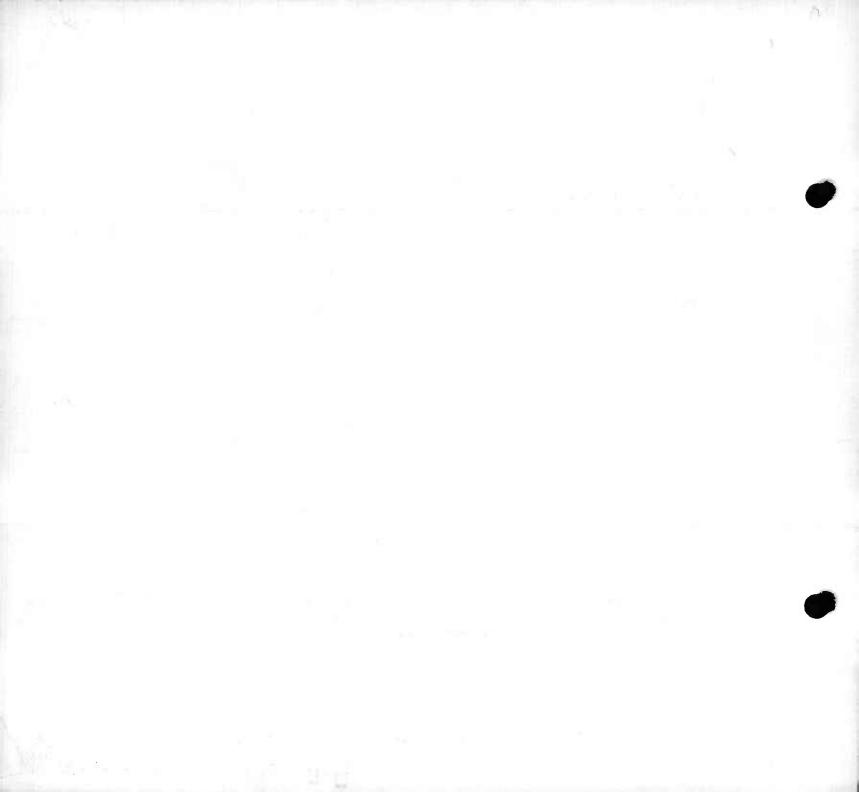
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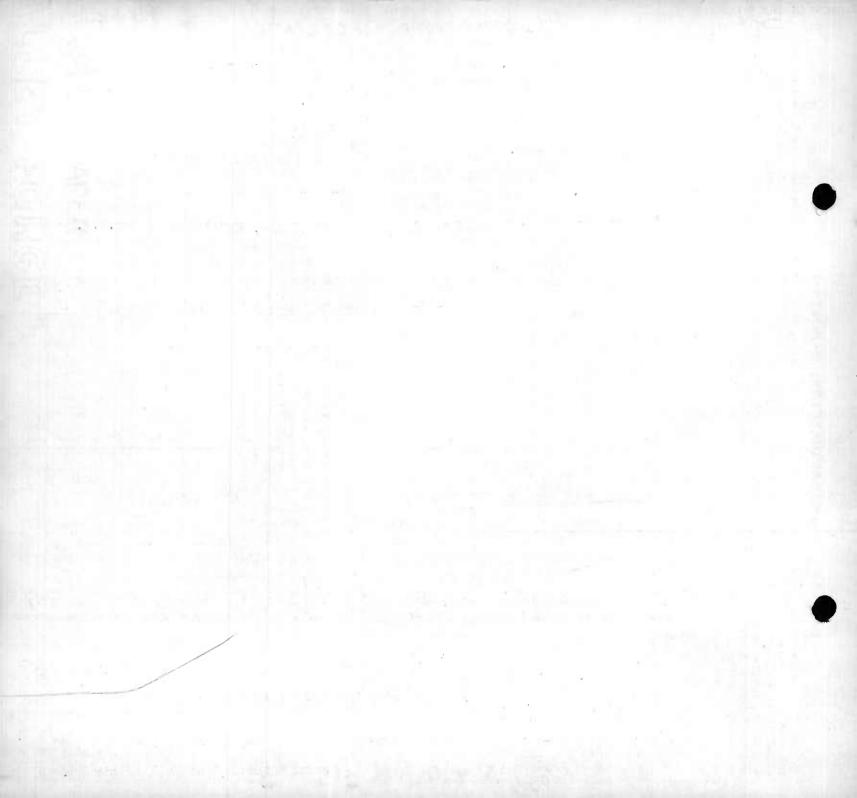
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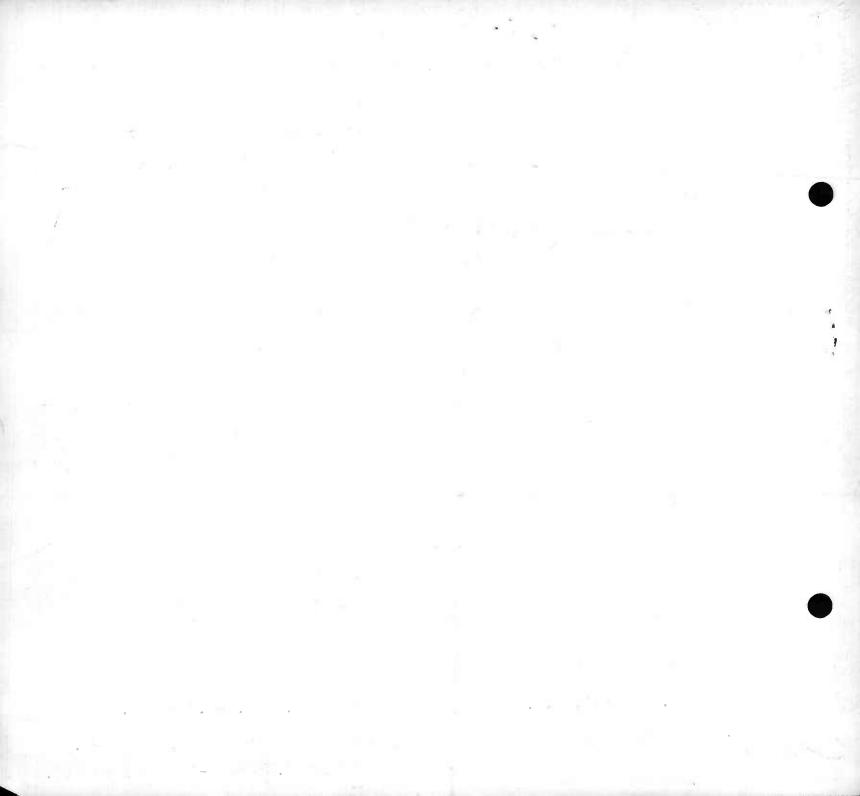
ATEN BORRES THE THE PERSON NORTH

1 . 1	-025	69 2595 CERTIFICATE OF DEATH PEG NO	9 2595
	56656	BIRTH NO. CERTIFICATE OF DEATH REG. NO.	
	death death eased n the Such	1. NAME OF DECEASED	
		(Type or Print) SAMUEL MORRISON 3/9/69	100
	spital s of o) Deco nce on eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whore deceased lived, if institution	1 0 M.
	S ~ 0	A. STATE B. COUNTY	residence beloto admission)
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	ting d ca d ca prior	SINAL MOSPITAL OF BALTIMORE, STREET AND NUMBER	- 1- 1-A-
	9 + D D D D D		AUE 105
-	trib min gul	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Un	der 1 Yr. If Under 24 Hrs.
	rm rm eg asc	WIDOWED! DIVORCED! // // // C/S	S Doys Hours Min.
	400 to 100 to 10	10A, USUAL OCCUPATION (Give kind of work) OR PUSINESS OR INDIVISION OF THE PUBLICATION OF	TIZEN OF WHAT COUNTRY?
	p - 5 - 5	PUSSA	
	de S es	12 FATHERIC MAAR	Usa
	i÷ W (†) Po by Po by Po by	14. MOTHER'S MAIDEN NAME	
=	# F F C F E S	- Lead	
AN	stant ind; ind; eath e on ial di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS
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ORT	d d d	211-01 2606 1 WITE	AME
9	is a any if		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E	E 0 4 E 0 D	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH CARDIAC FAILURE	
=	O A O C D E	(This does not meen the mode of dying, e.g., (A) MMEDIATE CAUSE	
**	or.	heart latitude, astheria, etc. It means the disease	
OR	a coa	injury or complication which caused death.) BILLARY OHIROSSIN	
H	E P O O O	ANTECEDENT CAUSES	1 m
E	Xan Xan Xh Vh	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
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Z	medica medica dy burns p physici cian was he remai	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH OF THE TERMINAL DISEASE OF CONDITION CIVEN IN A THE TERMINAL DISEASE OF CONDITION CIVEN IN A THE TERMINAL	
Ш	9 5 6 2 5	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING	CONCIDENT.
FUNER	the the	O O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF 21A-ACCIDENT WAS UNDERLYING TO THE TERMINAL 21B BLACE OF INJURY CO. IN COLUMN TO THE TERMINAL 21A-ACCIDENT WAS UNDERLYING TO THE TERMINAL 21A-ACCIDENT WAS UNDERLYING TO THE TERMINAL 21A-ACCIDENT WAS UNDERLYING TO THE TERMINAL 21B BLACE OF INJURY CO. IN COLUMN TO THE TERMINAL 21A-ACCIDENT WAS UNDERLYING TO THE TERMINAL 21B BLACE OF INJURY CO. IN COLUMN TO THE TERMINAL 21A-ACCIDENT WAS UNDERLYING TO THE TERMINAL 21B BLACE OF INJURY CO. IN COLUMN TO THE TERMINAL 21A-ACCIDENT WAS UNDERLYING TO THE TERMINAL 21A-ACCIDENT WAS UNDERLYING TO THE TERMINAL 21B BLACE OF INJURY CO. IN COLUMN TO THE TERMINAL 21A-ACCIDENT WAS UNDERLYING TO THE TERMINAL 21B BLACE OF INJURY CO. IN COLUMN TO THE TERMINAL 21B BLACE OF INJURY CO. IN COLUMN TO THE TERMINAL 21A-ACCIDENT WAS UNDERLYING TO THE TERMINAL 21B BLACE OF INJURY CO. IN COLUMN TO THE TERMINAL 21C	DEATH?
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	ital being the ital before No pt	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	As axoci locoilou!
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	ed b hospi atur pt w (6) I	OF INJURY (Month) (Doyl (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?	
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	leased to ident of hospital o death)	(1)///	oth occurred on the date
	dent dent dent deat must	and have and from the squees stated above. (I) (We (dtd) (did not) view the bady after death.	
	3 6 2 5 2 2	23R, DA	TE SIGNED
	a h	Alfan and MD DEGREE Phys. Med. Director Phys.	3/2/64
	ate as r and a	23D. ADDRESS 23D. ADDRESS	11
	.º ₹ 4 . ā ₽	HELBU LAND M.D. YNA (HOSPITAL	<u></u>
	5 4 5 5 E	24A, BURIAL CREMATION, 124B, DATE 124C NAME of CREATERY CREATERY	or county) (Start)
	E-70 0 -	O CO	or countyl (Stotel
	U = 2 = 0 Y	Bunal 3/9/1969 Byon Warsel Colta	10 m
	N 3 8 8 5 1	OF A CASE SECTION OF THE SECTION OF	and the state of t
	This the bashow was was dece	25A. OATE REC'D BY MEALTH DEPT. 25R. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS RO
	the the show was dece	25A. OATE REC'D BY MEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	

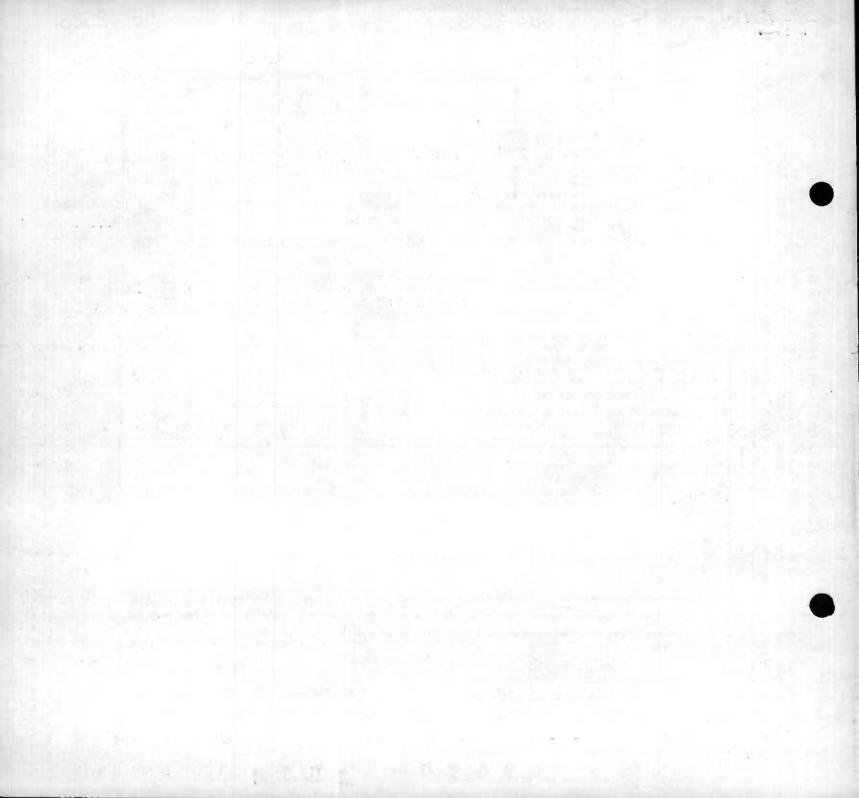




Z	+	T-61	6	69 2597 BALTIMORE CITY HEALTH DEPARTMENT
2	-	D-C D-C	BII	CERTIFICATE OF DEATH REG. NO. 69 2537
8	1	and eatleath asse th Sucl	1. I	NAME OF DECEASED pe or Print) 2. DATE AND HOUR OF DEATH
Z		of d of d Dece Ce on ath.	3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution, residence before edmission)
J. S.		spi () D TCe	"	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
0		dar G	FL H	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?
3		cau cau se;	l in	STITUTION. Memorial Hamiltone Baltimore D. INSIDE CITY LIMITS? YES NO D. 13
7		n gu ca	1	E. STREET AND NUMBER
4		outin ed c ar a pri	5.	SEX 6. RACE 1. 17. MARRIED TAISUED MARRIED TO B. DATE OF RIPTH 19. AGE 11.
2		occur ontrib regulased ased	"	MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED DIVORCED 07-19-71 lost birthdoy) Months: Day's Hours Min.
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1,		if de ect o t) Un was was the positi	13.	FATHER'S NAME
C		7 5 T. W		Theodore / Royer unlanown
Ex	Z	at d	15. (Ye	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) [If yes, give wor or dotes of service) 16. SOCIAL 17. INFORMANT ADDRESS ADDRESS SECURITY NO.
9	RT	the the de		No Mar 215-22-4704 M. Habaghi, Umon
3	PORT	s as eny ced		18. 4 9 2 APPROXIMATE INTERVAL
71	Ž.	So, of		LEADING TO DEATH
21		on o		1This does not meen the mode of dying, e.g. (A) IMMEDIATE CAUSE TO THE WORLD WELLING OWNERS.
4	8	iner ner. actu pro ular mba		heort faiture, asthenia, etc. It means the disease, injury ar camplication which caused deeth.)
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13	E	X X X X X X X X X X X X X X X X X X X		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
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10	RA .	me me ph)	ATIO	DISEASE OR CONDITION GIVEN IN PART 1 (A)
4	W :	a hie	CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHIGH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. (F YES, WERE FINDINGS CONSIDERED
2	5	he c by (2) B re t phy fore	CER	21A. ACCIDENT WAS UNDERLYING
7		her her bef		OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bidg., INJURY OCCUR?
49		d by spire ture twe 6) N	ā	21D. TIME (Month! (Doyl (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
		ho ho de pt (6	\$	(APPROX) 3 5 69 23 21 While AI Not While I Fell on his way to B. R
60		iny exc an obt		22. I certify that (# (this hospital) attended the deceased fram 3 5 1964 ta 3 4 1964.
3		E 24-08		that (1) (we) last saw the deceased alive an 3 9 19 6 9 and that in (my) (our) apinian death accurred on the date
7				and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death.
0				23A. SIGNATURE Affending Med. Shaff 23B. DATE SIGNED 23B. DATE SIGNED 3-8-69
X)	E = 0 = =		Arger I III - Dilector - Fillys, -
0		y was r y was r (1) An a 2.A. at c d prior approv		23C. PHYSICIAN'S NAME (Typel M. Habashi, M.D. 23D. ADDRESS Union Mem. HospE. 33rd St.
3		d b A	24A	BURIAL CREMATION DAR DATE DEC MAAR / CRAFFEN
		L 70 0 0 2		
		This certif the body shows: (1) was D.O. deceased written a	25A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
		べ できる はい はん		Austin E. Donovan-3818 Roland Ave.
ŧ.		•	VS	150-REV. 1/1/68

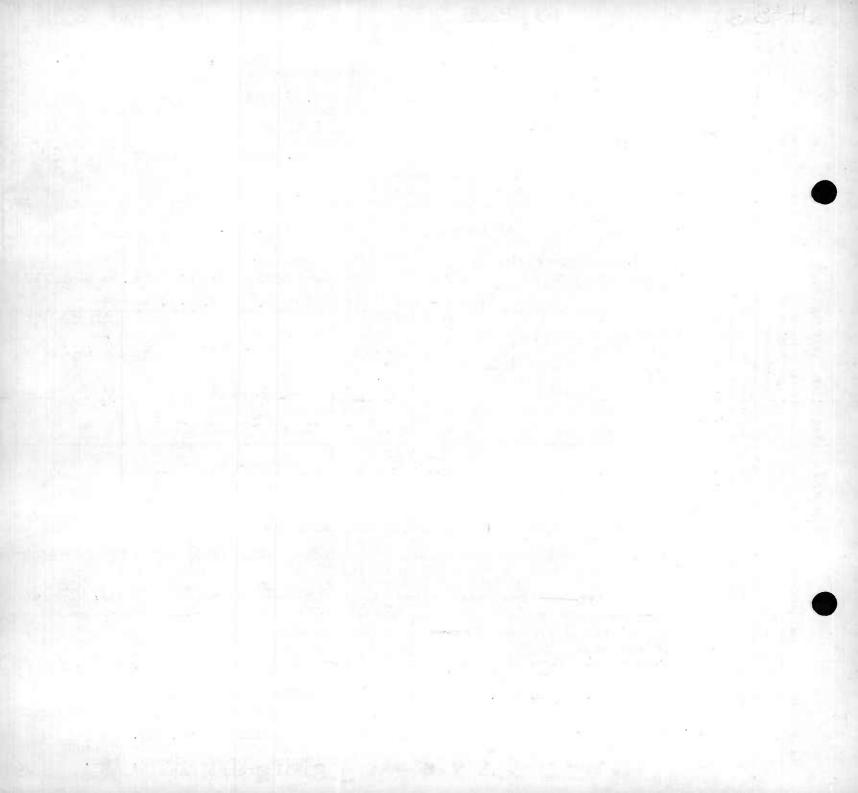


VS 150-REV, 1/1/6B

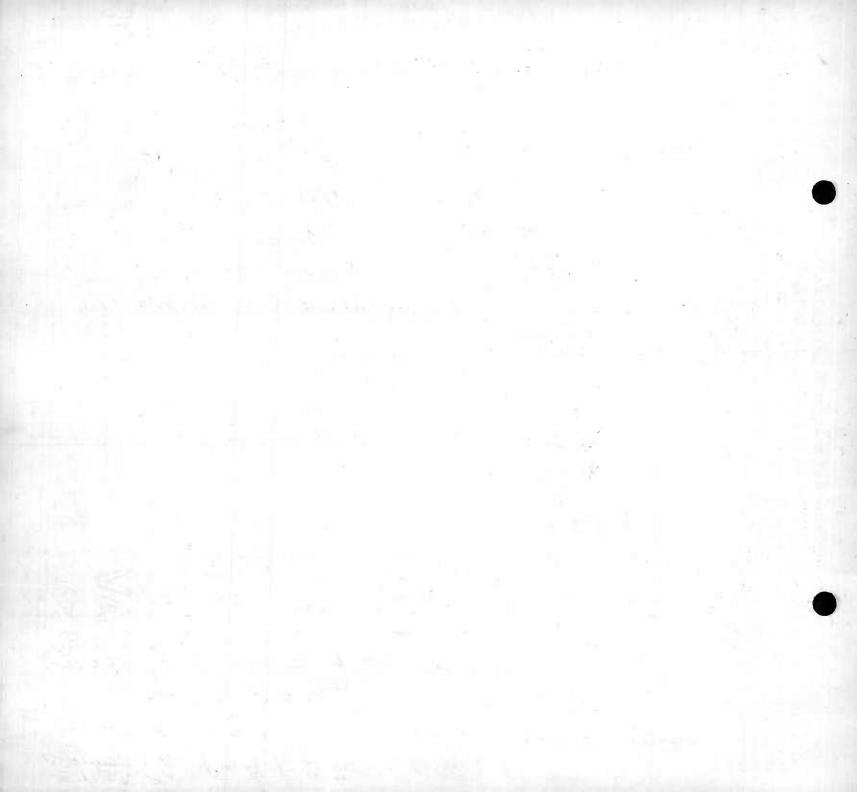


4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES X NO 526 N. Highland Avenue If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? 17. INFORMANT 4223 Nicholas Ave. ADDRESS 21213 Adelaide A. Henricks, neice APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death accurred on the date (City, town, or county) eceased written Baltimore, Md. Schimunek Funeral Home, Inc. 0 13331 Brehms Lane ADDRESS OIS 2SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 3 Brehms Lane VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



- 1 -	52		69 2	4-7-11	HEALTH DEPARTMENT		
	the ed	BIRTH NO.	00 2	CERTIFICA	TE OF DEATH	REG. NO.	39 2600
0		Type or Print)	VIE LAUN	iE Jowes	3,	8 6 9	21 5 m.
pite		3. PLACE IN BALTIMORE,	MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	re deceosed lived. If institut NTY	ion: residence before odmission)
hos	2 7	FULL NAME OF HOSPITAL OR AD	NOT IN HOSPITAL OR IN DRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE C	
i.	d cause, r attent prior to	926N.F.	GANKLINTO	WN, RD,	BALTO. E. STREET AND NUMBER 926N, FRANKA	ENTOWN, RD	NO 1606
CCUTT	ermine regular eased is mad	5. SEX 6. RACE	GRO WIDOV	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years If	Under 1 Yr. If Under 24 Hrs. Phonths Doys Hours Min.
atho	det in dec	done during most of working li	e, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	,	CITIZEN OF WHAT COUNTRY?
9	vas	13. FATHER'S NAME		The same of the sa	14. MOTHER'S MAIDEN NA		
ANT tant	direct od; (4) Unath was on the disposit	S AM U E L	BERRY U. S. Armed Forces?	1 6. SOCIAL	ELEZA H		ADDRESS
STA siste	the kind dea nce final	(Yes, no or unknown) (If yes,	give wor or dotes of servi	SECURITY NO.	BLANDE MOR	165-976N.FRI	WKKINTOLON, Ki
PORT.	fany nced endar	DISEASE OR C	ONDITION DIRECTLY	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- W	Als att	(This daes not mean	G TO DEATH The made of dying,		A CONSEQUENCE OF:	<u> </u>	
OR:	actur pro ular mbal	injury at camplication	, etc. It means the dise which caused death.) DENT CAUSES	ise,			
ECT	exami (3) A fr n who in reg s are e	DISEASES OR COM	IDITIONS, if any, give cause (A) slating	· · · g	A CONSEQUENCE OF:		
RAL DIR	burns; (Shysician was in remains	TO THE DEATH BUT N	1) ONDITIONS CONTRIBUTITO OT RELATED TO THE TERMIN N GIVEN IN PART 1 (A).	1G			
NER	Body the p ysicia e the		ION 198, CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
FU	tal by b; (2) l here No phy before	OR CONTRIBUTING DEATH (notify medical	UNDERLYING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore City	y, give exocl location)
ed by	ospi ature pt w (6) p	21D.TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeor) (Hour)	21E. INJURY OCCURRED While AI No! Whi Work At Work		IURY OCCUR?	17
oro y	ny n	22. I certify that (I)	(this hospital) attende	ed the deceased fram		1950 to 3/	19 6 9 .
dp	. 0 9 7 7		w the deceased alive	-		not in (my) (aus) apinian	death accurred an the dote
st be	7 + 2 -	ond hour ond from t	he causes stated above	e. (I) (Me) (did (did not)	view the body after death.	23B	DATE SIGNED
must	0	23C. PHYSICIAN'S	m. tra	AH ROEGREE Ph	ending Med. Director 23D. ADDRESS	Staff Phys.	3/9/69
icate	An a	NAME (Type)	M. FR	ANCE DEGREE	PARK	TON, HA	
certificate	ody s: (1) D.O.A ased en ap	24A. BURIAL CREMATION REMOVAL (Specify)	2/12/69	St. Lukes	EMATORY 24D. L	reford, Balto. C	own, or county) (State)
This	the body was releashows: (1) An acc was D.O.A. at a I deceased prior to	25A. DATE REC'D BY HEA	LTH DEPTO 25B NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTO	man h 17017	nscullanst.
	- w > T >	VS 150-REV. 1/1/68	- India	0, 3-00, 10	100 you 15. What	Pote	lo, Hed



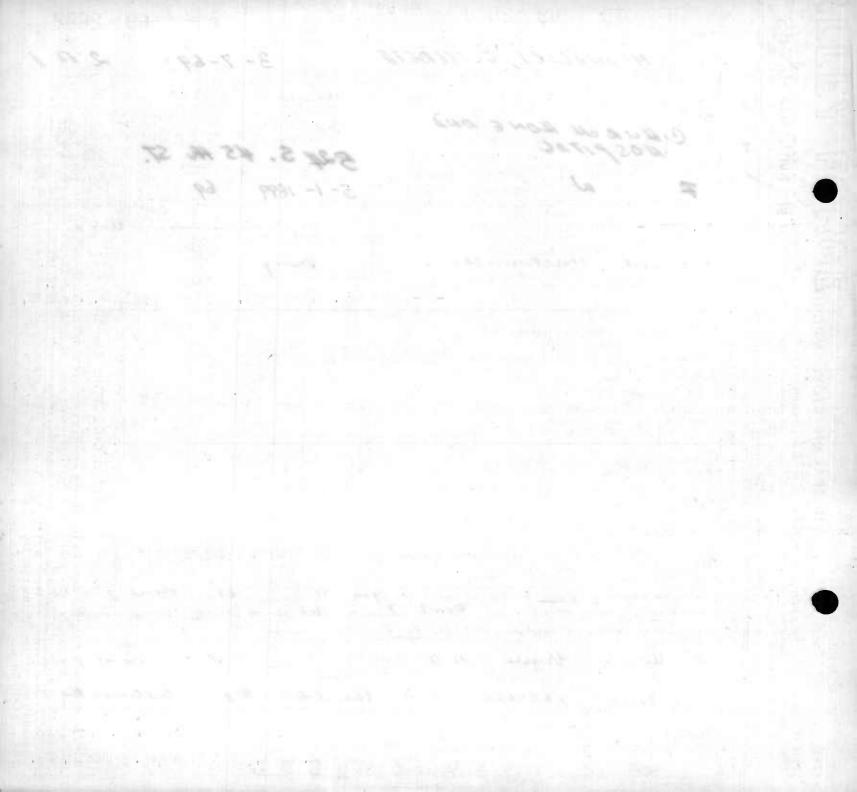
4	-517	69 2601 BALTIMORE CITY HEALTH DEPARTMENT X 69 2601
	7007	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69 2501
	deatl deatl ease n th	T. NAME OF DECEASED
	-005	JOHN UMPA 37 69 12135 4
	of of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence belore admission A, STATE B, COUNTY
	S a C E a	FULL NAME OF HE NOT IN HOSPITAL OF INSTITUTION CIVE STREET
		INSTITUTION ADDRESS OR LOCATION) C. CITY OR TOWN Edgemere D. INSIDE CITY LIMITS?
	T tet	「
	U.= L .	
	F 3 0 2 2	S SEV K DACE IT
	tribut minec gular sed p	MARKIED NEVER MARKIED 136 A 1 1 1 Under 24 Hrs
	ontr ontr erm regu	I I I I I I I I I I I I I I I I I I I
•	# " " " " " " " " " " " " " " " " " " "	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY
		etired Plate Mill Operator, Bethlehem Steel LITHUANIA U.S.A.
	was the isposi	Not Verse
ラ	ant dir, (4 ath on	JA BA
A .	he di he di kind; death ce on nal di	15. Was Deceosed Ever In U. S. Armed Forces? (Yes, no or unknown) [III yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
집.	S + _ E E	NO 213 07-7245 TRANCES SCREETER SOME 18. 4 APPROXIMATE INTERVAL
IMPORTANT	any and o	18. 4/0 , 9 CAUSE OF DEATH APPROXIMATE INTERVAL
₹:	his coffan of an uncertaint	DISEASE OF CONDITION DIRECTLY Clearly was carried in Lea for
=	A O C DE	(This does not meen the made of dying, e.g.,
ä	ctur ctur ar bal	heort loilure, asthenia, etc. It means the disease, injury or complication which caused death.)
Ō	fractu fractu o pro gular emba	ANTECEDENT CAUSES (DSCVD & CHE
5	Why wh	DISEASES OR CONDITIONS, II ony, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR	(8) n n s	The tip of the contract for stolling file
5	0 0 =	UNDERLYING CONDITION last, (C)
4	medical medical burns; physicia an was remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
2	medica medica y burns; physici ian was	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNERAL	by a me by a me 2) Body bu re the phy physician fore the re	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 204 AUTOPSY? (Yes of No.) 208 IF YES, WERE FINDINGS CONSIDERED
5	(2) By re the physical fore	NO IN CERTIFFING CAUSES OF DEATH?
14		IN CONTRIBUTION OF CHY, DIVE EXOCI IOCOTION
	hospital nature; (cept when nd (6) No tained be	
Ē	- 4 - 6 4	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	he hos ny nat- ny nat- except and (6	(APPROX.) Work At Work
	dt Co od	22. I certify that (1) (this haspital) attended the deceased from 2 26 1969 to 2 7 1969
	of an to the day of an all (e); (b) be o	that (1) (we) last saw the deceased alive on 3 7 19 67 and that in (my) (our) opinion death occurred on the dat
2	st be a ased to dent of ospital death) must b	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	leased to ident of hospital of death) must be constant of the	23A. SIGNATURE 23B. DATE SIGNED
	F 0 0 B + 0	E.W. PL OC Janos Line Attending Med. Staff Phys. B 37 69
		23C. PHYSICIAN'S NAME (Typo) Balto. Md.
:	riticate y was r y an a 3.A. at a d prior approv	E. M. DE LOS SANDS UR. MD. Maryland Gen. Hospi
	5000 B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Ws: Ws: D. D.	Burial 3/10/69 Holy Redeemer Cemetery Baltimore, Maryland
:	This certificate the body was r shows: (1) An a was D.O.A. at deceased prior written approv	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR John J. Duda 7922 Wise Ave. Dundalk, Md.
-	20 20 2	John J. Duda, 7922 Wise Ave. Dundalk, Md.
		13 188-18 18 18 18 18 18 18 18 18 18 18 18 18 1

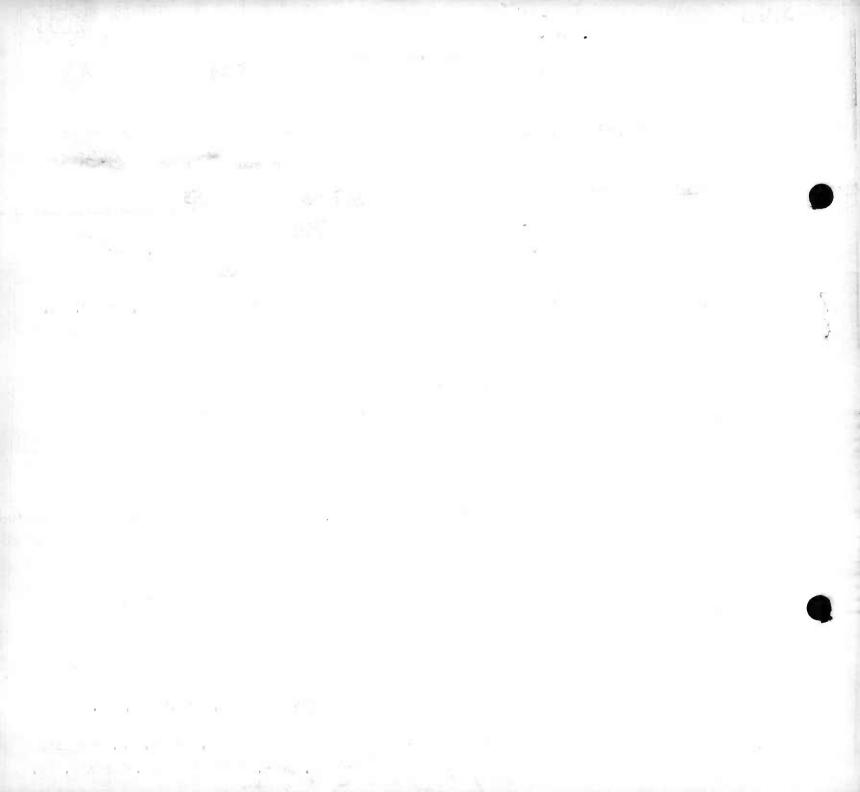
SVA. CLASSIAL BOOK - CONT. Con 13 196 73 ALVADETA ... at the serial flower to be Spin a collect Caly 10+00% of 16 . M

IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/6B

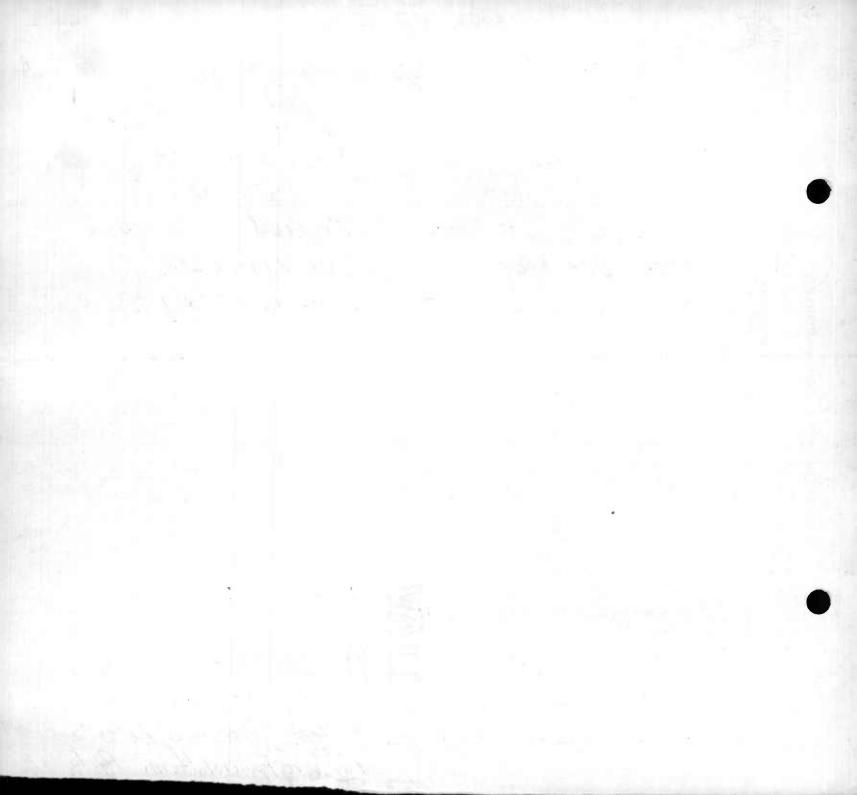
4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY D. INSIDE CITY LIMITS? YES 1 NO X If Under 1 Yr. Months: Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U. S.A. Mrs. Irene Hauf, 3135 Cornwall Rd. Dundalk, 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) 6.9 and that in (my) (our) apinian death accurred on the date 23 B. DATE SIGNED Baltimore, Maryland 7922 Wise Ave. Dundalk, Md.





VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



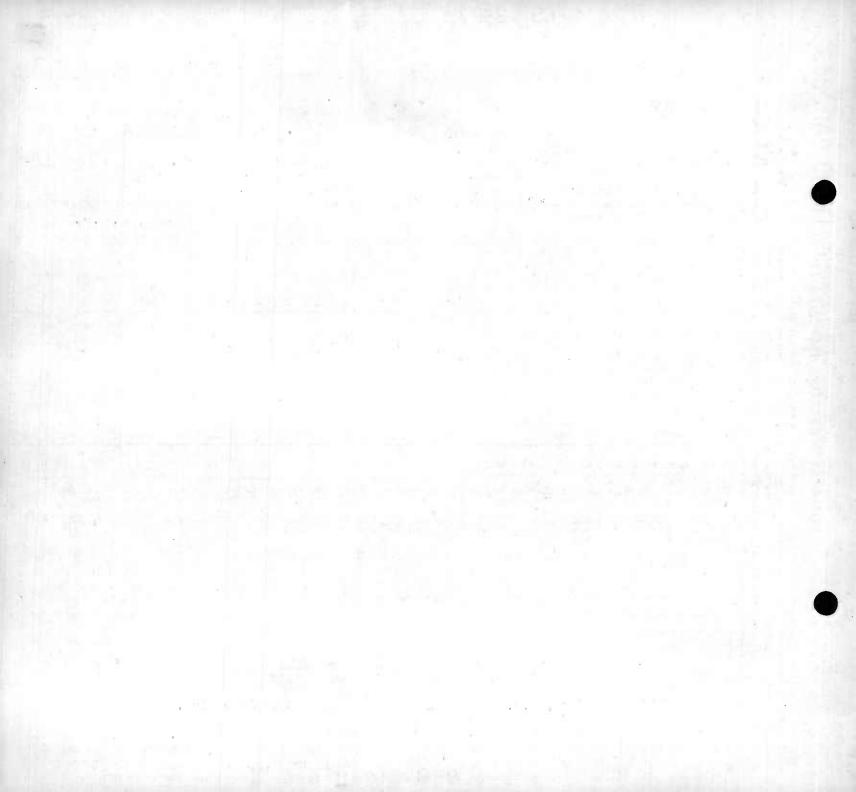
H-C31	69 2605 BALTIMORE CITY HEALTH DEPARTMENT
25.0 5 4	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69 2605
and eath ased the	I, NAME OF DECEASED Q A C / C / L TTED 2. DATE AND HOUR OF DEATH
P 20 2	DASIL & TONIER 3/6/69 1/0 P
a co	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admission) A. STATE B. COUNTY
2 73	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) (IS INSTITUTION C. CITY OR TOWN D. INSIDE CITY HMTS?
CG C	STAND HOSPITTA IZALITAGE
ng ng cau	E. STREET AND NUMBER
red i	2700 OAKIEY AVENUE 2.71
occur natrib rmin egula ased	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lil Under 1 Yr., Il Under 24 Hrs., Months; Doys; Hours; Min.
oontoontoontoontoontoontoontoontoontoon	MALE WHOWED DIVORCED DEC. 6, 1890 OST DIFFINDUST MIN. 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
in det	done during most of working life, even it retired)
o o ⊑ , o .±	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
if d rect (4) U wa the spos	M. II. II. In a
7 7 2 2 2 2 2 3	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
sistar the d kind deat deat	Ites, no of unknown) (If yes, give wor of doles of service) SECURITY NO.
S + > p B -	18. 2 = 1 CAUSE OF DEATH 1 APPROXIMATE INTERVAL
his of an of	DISEASE OR CONDITION DIRECTLY BY CO Preumone BETWEEN ONSET AND DEATH
Als Als afte	(This does not mean the made of dying, e.g.,
Ar.	heart foilure, asthenio, etc. It means the disease, injury ar complication which coused death,)
Francis Constitution of the constitution of th	ANTECEDENT CAUSES ANTECEDENT CAUSES
A A B	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	inse to the above cause (A) stating the UNDERLYING CONDITION last. (c) autormine Herrolytic arested 2 years
dical dical dical rrns; sicic was mair	- II Alwandord archites 15 pals
P P P P P P P P P P P P P P P P P P P	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL A DISEASE OR CONDITION GIVEN IN PART 1 (a)
dy dy a be dy	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
Bo ch th sys	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
the the (2) (2) of the ofologon	On CONTRIBUTING TO CALLER OF THE PROPERTY OF T
by the prital when when d be	DEATH (notily medical examines) Control of the c
16.0 t 40.0 d	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work
he h	TOOK — TOOK —
appropriate the three th	22. I certify that (I) (this hospital) attended the deceased from
0057	that (1) (we) lost sow the deceased alive on
dent dent ospit deat must	23A. SIGNATURE) 23B. DATE SIGNED
must eleas ccide a hos to do	Med. Shaff 3/6/69
ificate of was really An act. A. at a d prior approve	23C. PHYSICIAN'S NAMELITYPE AUG LEVIN M.D 6/6/6/PARK HEIL HIB AUG BALTO-15 MD
Triffic O B B B B B B B B B B B B B B B B B B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
Dod Single Pod Single	Burial 3/10/69 Pipe Creek Cometery Carroll County, Md
This certif the body shows: (1) was D.O.A deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS
	VS 150-REV. 1/1/68

along to may with the same

69 2506 BALTIMORE CITY HEALTH DEPARTMENT

						XAMINER'S			OF	DEAT	H REG. NO.	- V.	. 170
	RTH NO.		***										~050
	NAME OF DEC pe or Print)	SINGE	LTON .	JONES			2. DATE OF DEATH	Known		Month 3	O Q	Yeor 69	9:10 a m.
4.	PLACE IN BALT					DUNCED DEAD	3. DATE			Manth	Doy	Year	Hour a M.
HO	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR INS	STITUTIO	ON, GIVE STREET		UNCED DE		March	9,	196	9 9:10 a m.
		L	utheran	1 Hos	pit	al D.O.A.	A. STATE	Mary1	` .		B. COUNTY	. ,	201010
6.	SEX	7. RACE				NEVER MARRIED	C. CITY OF				D. INSIDE CI	TY LIMITS?	
N	lale (Colore	ed	WIDO			B	alto.			VE	s 🗆	NO 🗍
	DATE OF BIRTH		10. AGE (In	years	If Ur	nder 1 Yr, If Under 24 Hrs.	E. STREET		BER		1		140
	9-10-99)	last birthdo 69	ν)	Mant	hs, Days Hours Min.	1	041 N.	Fu.	lton A	ve.	1	1603
11.	Md.	late or foreig	gn country)		12. C	WHAT COUNTRY?	13. FATHER	's NAME Zacar	າ່າໄ	Jone	. 5		
144		PATION (GIV	ve kind of work	14B. KIN		BUSINESS OR INDUSTR	15. MOTHE				5		
	etired	orking ine, ev	/en intended/	Post	,	Office		Soph	nia	Coope	er		
	WAS DECEASE s, no or unknown)					17. SOCIAL SECURITY NO. 214248361	18. INFOR	MANT			A	DDRESS	
<u> </u>	nU					CAUSE OF DEA		la Jor	ies		same		WITE PROXIMATE INTERVAL
	DISEASI (This does not heart failure, injury or cam	LEADING TO at mean the asthenia, etc policotian whi	made of dy c. It means the ch coused dea	ing, e.g., disease, oth.)		Arterios (A)IMMEDIATE (DUE TO, OR	Sclerot CAUSE AS A CONSEC	UENCE OF:	*****	vascula	ar disea		ween onset and death
2	RISE TO THE	ABOVE CA	ONS, IF ANY JUSE (A) STA TON LAST.	TING THE		(C)	AS A CONSE	QUENCE O	r:				
ē			II		-								
CERTIFICATION	TO THE DEA	ATH BUT NOT	NDITIONS CO TRELATED TO GIVEN IN PA	THE TERM	AINAL	+ ### 6 8 ### 6 8 ### 6 8 8 8 8 8 8 8 8 8							
F						WHICH OPERATION W	AS PERFORA	ΛED		-		21. AUTO	OPSY? (Yes ar Na)
"	0												
AL	22A. EXTERI	NAL CAUSE	WAS		22B. F	PLACE OF INJURY(e.g.,	in or obout	22C. WHERI	E DID	(If in Boltima	re City, give exo	ct lacation)	No
MEDIC	UNIDEDIVING TOP CONTRIB					e, farm, foctory, street, offic	e bldg., etc.)	NJURY OC	CUR?				
Σ	22D. TIME (OF INJURY (APPROX.)	(Manth) (I	Day) (Yeo	r) (Hau	V		WHILE WORK	22F. HOW [DID IN	JURY OCCI	JR?		
	23.	ify that I h	neld on I	nquiry		InspectionAu		ond the	t on t	his basis,	deoth in my	opinion	
	result	red from:	latural cau	ses	A	caident Suicio	de 🗌 H	omicide []	Undetermi	ned monner [
	ACTUAL SIGNATI	JRE D	lus'	70	V.	M.C	ASS	CHIEF MED					DATE SIGNED
	EXAMINI NAME (T		T.A	TARK J	T.	Wilson M.D.		OCIATE MED	DICALE	XAMINER		Mars - I	10 1060
24	A. BURIAL CREA		24B. DATE	waru	24	Wilson, M.D.	or CREMAT	ORY	24D	LOCATION		March or county	
	Moval (Special Burial		3-13-	6 9		Mt. Auburi			240.	-		Id.	, (515.2)
<u> </u>	A. DATE REC'D		DEPT.	25B. I	VAME	OF REGISTRAR	1000	son F			Baile 48 Cal	₩	St.
VS	151-REV. 1/1/6B	MAR S	1060	100		(- Q - R - A)	0 0	1. (1	1	7		
	, ., .			4 4	- 1		-	0	1 6	-0			

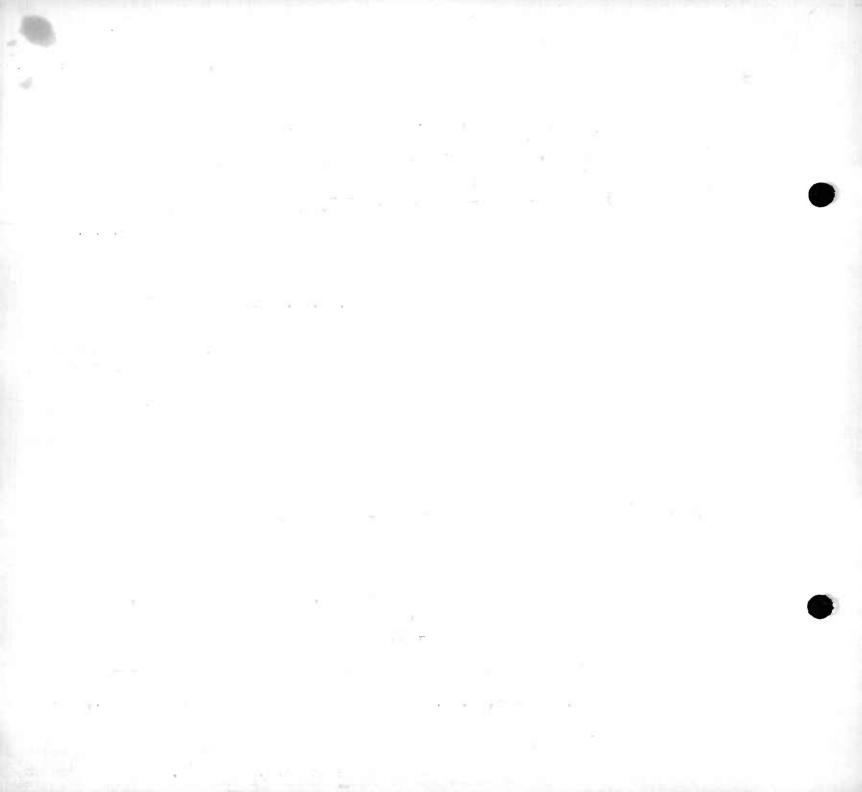
- 173.16 PT 07-1285 B. T. Sandari and C.
V\$ 150-REV. 1/1/6B



VS 150-REV. 1/1/68

000-8

	69	260		HEALTH DEPARTMENT		69 2508	
BIRTH NO.		~00	CERTIFICA	TE OF DEATH	REG. NO	00 2002	-
I. NAME OF DEC	Addie Mary Y	oung			and hour of Death	-	p.•.
	TIMORE, MARYLAND, W		UN CED DEAD	4. USUAL RESIDENCE (W	nere deceased lived If	institution: residence before adm	is sion)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITE	UTION, GIVE STREET	Maryland	INIT		
NOITUTITZNI	Provident	Hospita	al, Inc.	C.CITY OR TOWN Baltimore	D. IN	SIDE CITY LIMITS?	
20	1514 Divis	sion St	reet	E. STREET AND NUMBER		YES 🔼 NO	
57	Baltimore,	Maryla	and 21217	429 Robert S	treet	1403	
Female	Negro	7- MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours	4 Hrs. Ain.
OA. USUAL OCCU	FATION (Give kind of work	10B, KIND OF		11. BIRTHPLACE ISlote or fo	reign country)	12. CITIZEN OF WHAT COL	JNTRY
Housewi	fe			North Caroli		U.S.A.	
3. FATHER'S NAA	A E	1		14. MOTHER'S MAIDEN N	AME		
	Walter Po	22402		122-			
. Wes Deceased	Ever in U. S. Armed For	cas?	1 6. SOCIAL	Addie		ADDRESS	
	Uf yes, give war er date	s of service)	SECURITY NO.		TT 1-		
no			CAUGE OF THE	Rev. T. R. Yo	ung - Husb		
	E OR CONDITION DI		CAUSE OF DEAT	-		APPROXIMATE INTE	
DISEAS	Unknown						
(This does no	(?6 month						
rise to the	R CONDITIONS, if abave cause (A) CONDITION last.		***************************************				
C DISEASE OR CO	CANT CONDITIONS COI I BUT NOT RELATED TO THE ENDITION GIVEN IN PAR OPERATION 198, CON	IE TERMINAL		TO A			
3(1)	WAS PERI	ORMED V	VHICH OPERATION	20A. AUTOPSY? (Yes or)		FINDINGS CONSIDERED AUSES OF DEATH?	
121A. ACCIDEN	T WAS UNDERLYING	218	PLACE OF INITIONIA .	NO or obout 21C. WHERE DID			
DEATH (notify	Medical examined No	hem	e, farm, factory, street, of	ice bidg. INJURY OCCUR?	fit tu politime	ore City, give exact location)	
21D. TIME OF INJURY (APPROX.)	(Menth) (Doy) (Yeor)	Whit	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
22. I certify t	that (i) (this hospital	World the	A THUM	nuary 6,	10 69 . Mar	ch 6 6	9-
	last sow the decease			- 60	_IYto	19	
						Inlon dooth accurred an the	date
23A. SIGNATUS		ed above. (1)) (ye) (dld) (副改正改正) v	ew the body ofter death			
-37. 310147111	1 mc/		1 1	nding Med.	SHILL CO	23B, DATE SIGNED	
220 21/42/20	X Ju	vav	DEGREE	Director L	Staff Phys.	3-7-69	
23C. PHYSICIAN NAME (Ty				3D. ADDRESS			
	Donald W. St	ewart,	M. D.	2300 Garrison	n Boulevard	Balto., Mary	lar
A- BURIAL CREM	ATION, 248. DATE	24C. NA	ME of CEMETERY of CRE	MATORY 24D.	LOCATION (C	City, town, or county) Sta	ote)
Buri	al 3-11-0		rver Memoria			ryland	
		25B NAME O	a was a	2SC. FUNERAL DIRECTO	The state of the s		
38.5	D 1 1 1969 /	2005	a contain	Kelson F.H	1 1348 N.	Calhoun Stre	et



325 BIRT 1. N (Type

69 2509 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69	2609
_	

BIRTH NO.	L LAMINIALIO	CERTIFICATE	OI DLA	REG. NO		
1. NAME OF DECEASED		2. DATE Known	Month	Doy	Year	Haur
JAMES TYLER BOAZ	mand	OF		10	1060	0.20
JAMES TYLER DOCZ. 4. PLACE IN BALTIMORE, MARYLAND, WHERE		3. DATE	Month Month	10,	196 8	8:30 a м.
FULL NAME OF (IF NOT IN HOSPITAL OR IN		PRONOUNCED D		Doy	Teor	nour
HOSPITAL ADDRESS OR LOCATION)	ASTRONOM, OIVE STREET		Marc	h 10.	1969	8:30 а м.
OR INSTITUTION		5. USUAL RESIDENC	E (Where deceased		: residence b	efare admission)
90/ Norrington Arr	D O A	A. STATE	land	B. COUNTY		
904 Newington Ave	RRIED NEVER MARRIED	Mary	Land	D. INSIDE CI	TV LIMITS?	
MA		C. CITT ON TOTAL				_
TIGIC OCIOICG	DWED DIVORCED	Balto.	irau.	YE	ES X	10 🗆
9. DATE OF BIRTH 10. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NU	MBER			
1-26-22	Monnis Days Thous Twin.	OOL Ma	rainatan Ar			307
11. BIRTHPLACE (State or roreign country)	12. CITIZEN OF	13. FATHER'S NAME	wington Av	e.		and the same
	"WHAT COUNTRY?					
Md.	U.SA.	James B				
14A.USUAL OCCUPATION (Give kind af wark 14B. KIT dane during mast of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAID	EN NAME			
		Elnora	Tyler			
16. WAS DECEASED EVER IN U.S. ARMED FORCE		18. INFORMANT	+17-67	Al	DDRESS	
(Yes, na or unknown) (If yes, give wor ar dates of servi	SECURITY NO.	03	m-2			T
no		Clarence	Tyler	4046 W.		spring I
19. 3 04 91	CAUSE OF DEA	TH				ROXIMATE INTERVAL EN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY						
LEADING TO DEATH	4.XIMMEDIATE	Tot	ramonous n	arootism	,	
(This daes not mean the made of dying, e.g		AS A CONSEQUENCE O	ravenous n	larcorran	4	
heart failure, osthenio, etc. It meons the diseose injury or complication which coused death.)	в,					
ANTECEDENT CAUSES	(B)					
DISEASES OR CONDITIONS, IF ANY, GIVIN		AS A CONSEQUENCE	OF:			
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	HE .					
Z STEEREN S CONDITION CASH	(C)	***************************************				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (J. 20A. DATE OF OPERATION 20B. CONDITION 20B. CONDI						4 1
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER						
DISEASE OR CONDITION GIVEN IN PART 1 (
20A. DATE OF OPERATION 20B. CONDITION	N FOR WHICH OPERATION W	AS PERFORMED			21. AUTOP	SY? (Yes ar Na)
5 2						
₹22Å. EXTERNAL CALISE WAS	Took BLACE OF INTURY		DE DID /// D to	50	11 11 1	YES
U LINDERLYING TOP CONTRIB	22B. PLACE OF INJURY (e.g., hame, form, factory, street, office	e bldg., etc.) INJURY O	CCUR?	are City, give exa	ict lacation)	
UTING CAUSE OF DEATH.						
22D. TIME (Manth) (Day) (Year) (He	our) 22E.INJURY OCCURRED	22F. HOW	DID INJURY OCC	UR?		
OF INJURY (APPROX.)		WHILE [-]				
23.	m. WORK AT V	VORK L				
		. 🔯	-4 41 1 4	1		
I certify that I held an Inquiry			not on this basis	, deoth in my	apinion	
resulted fram: Natural causes 🗵	Acqident Suici	de Hamicide	Undeterm	ined manner		
7001	1 14	CHIEF MI	DICAL EXAMINER			
ACTUAL &X	INI		EDICAL EXAMINER	THE		DATE SIGNED
SIGNATURE	M.C).				
EXAMINER'S		ASSOCIATE M	EDICAL EXAMINER		01-01	
NAME (Type) Edward F					3/10/	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	ar CREMATORY	24D. LOCATION	(City, town	, or county)	(Stote)
Burial 3-14-69	Mt. Auguri	Cem.	Bal	to.	Md	
			DIRECTOR V.R			-
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR			12/8 Co	Thousan	St
MAR 1.1 1969 (2)	78 00 C	Kelson	r.n.	1348 Ca	LIIOUII	50.
VS 151-REV. 1/1/6B	0 2 0 0 3	0 0 7	0 19			
V3 J -KEV, / /OD	AND 1874 AND 2 2	1 2 5	1 6 6			1/2

Z-	v	V	0

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) BERNARD J. ZAKER 2. DATE Known Month Doy Yeor Hou OF DEATH Estimoted March 9, 1969	М.
THOST HAC ADDRESS ON COCATION	:15 A.M
Church Home & Hospital (DOA) 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before A. STATE Maryland B. COUNTY	odmission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? Male White WINDOWED DIVORTED BAltimore	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER	
FLAS 4,1911 lost birthriay) Months; Doys; Hours Min. 2228 Fleet Street	04
11. BIRTHPLACE(Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME WHAT COUNTRY? STANIF V 2AKF.S	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. MARY HUDFR 800 S. FALLE	V. ST.
	MATE INTERVAL
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) IMMEDIATE CAUSE As phxia DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) Confilagration	
(c) CONTINGTATION II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY?	
21. AUTOPSY? Yes	
22A. EXTERNAL CAUSE WAS UNDERLYING 22B. PLACE OF INJURY (e.g., in or obout 10 colory, street, office bldg., etc.) 10 colory 10 col	
SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER March 9, 19	State)
24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL (Specify) 25A. DATE 25A. DATE 25B. NAME OF REGISTRAR 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) DURDALK, MD 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 151-REV. 1/1/68	W/

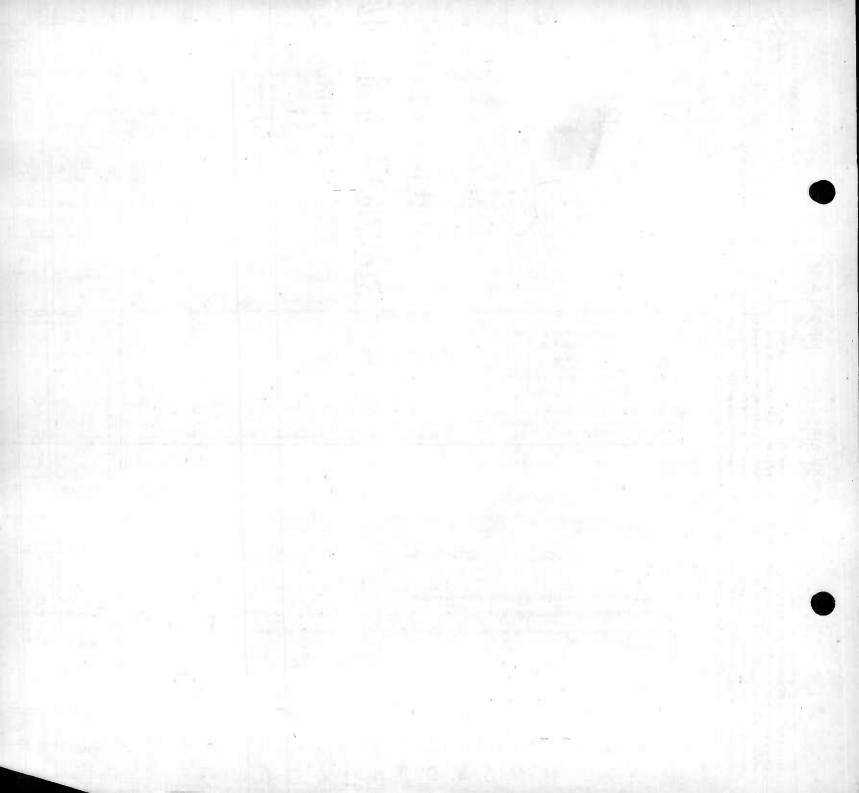
particular to the particular t 10 ST 11.5 (1) (3) (4) one of Lee 1 125 O'HILL .t. and maintain to both

	69	2611 CERTIFICA	TE OF DEATH	REG. NO	69 2611
	TH NO.	CERTIFICA			
	FREGAL, EVA F			HOUR OF DEATH	
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE P	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. II in	nstitution: residence before odmission
FU	LL NAME OF (IF NOT IN HOSPITAL OR I		BALTO. MD.	Y	issitution. residence before odmission,
INS	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
A To	ST. AGNES HOSPITAL		BALTIMORE		YES NO
	WILKENS & CATON AVE.		E. STREET AND NUMBER	100D DD	110:00(3/21
	BALTIMORE, MD. 21229		1	VOOD RD.	#212067631
5. S	MAR	RIED NEVER MARRIED	l l l	AGE (In yeors	Il Under 1 Yr. Il Under 24 Hrs. Months: Days Hours Min.
F		WED DIVORCED	11-17-07	61	
done	USUAL OCCUPATION (Give kind of work 108, KIN during most all working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at foreign	cauntry)	12. CITIZEN OF WHAT COUNTRY
	HOUSEWIFE		MARYLAND		U.S.A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	U.S.A
	GEORGE CAWODY	DEC 'D	ANNA PALCER	2	DEC'D
15. V	Nos Deceosed Ever in U. S. Armed Forces? ,no or unknown) (If yes, give war ar dotes of sen	1 6. SOCIAL	17. INFORMANT		ADDRESS
ll'es	NO	SECURITY NO.	CT ACMED DESC	000 00011	
\Vdash	18. / / / / 1	CAUSE OF DEATH	ST. AGNES RELU	RU RUUM	WILKEN & CATON APPROXIMATE INTERVAL
CERTIFICATION	LEADING TO DEATH 1This does not mean the made of dying, head failure, asthenia, etc., it means the disinjury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, grise to the above cause (A) stating UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMIDISEASE OR CONDITION GIVEN IN PART 1 (A). 17A. DATE OF OPERATION 198. CONDITION 198. CONDITION 198. 21A. ACCIDENT WAS UNDERLYING 100 CONTRIBUTION CAUSE OF DEATH (natify medical examiner)	iving (B) DUE TO, OR AS (C) CA,	ar obout 21 C. WHERE DID	+ ASIS WM 20R IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
AEDIC	21D.TIME (Manth) (Day) (Yeor) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Nat While Work At Wark	21E. HOW DID INJUI	Y OCCUR?	
	22. I certify that (X) (this hospital) ottend that (X) (we) lost saw the deceased alive and haur and from the causes stated above	ed the deceased fram	19 <u>69</u> ond that		nion death occurred an the date
	23A. SIGNATURE				23B, DATE SIGNED
	Marino 4. ca	6, Why CANO After Phys.	ding Med. St	off X	M 03 06 69
	23C. PHYSICIAN'S NAME (Type)	GEGREE PRYS.	3D. ADDRESS	ys. 🛶	N 05 00 05
24A	MARINO M CABILII	C. NAME OF CEMETERY OF CRE	ST AGNES HOSE	BALTO M	ID 21229
1	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)	I A LI Para	MATORY 24D. LOC	AHON (CI	ty, tawn, or caunty) (Stote)
254	DATE REC'D BY HEALTH DEPT. 1258, NA	TOLY MOSARY	CEMO DUR	DALK	IVID
230	258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	-	ADDRESS
L	BAK 4 & 1000 (ALL STANDARDS	JOHN M. WEDE	RYSONS1	100 51

AND ARECEPHASIS

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BALTIMORE	CITY	HEALTH	DEPARTMENT
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RQ 2012

REG.	No	69	2613
		()()	A C ST COLUMN

10	IRTH NO. CER	TIFICA	TE OF D	EATH	REG.	No	03 2013	
	NAME OF DECEASED	•		2. DATE AN	ND HOUR OF	DEATH		
L	Type or Print EDITH PEARCE			MARC	H 10,	1869	L	
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD)	4. USUAL RES	B COUN	re deceased liv	ed. Il institu	tion: residence before admis	sion)
1	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	STREET	C. CITY OR TO					
۰	UNION MEMORIAL HUSPI	TAI		MORE			CITY LIMITS?	
	All	7.10	E. STREET AN			15	s NO	
	7.4		4168	MARY	AUE		2734	
),	SEX 6. RACE 7. MARRIED NEVER M	ARRIED	8. DATE OF BI	RTH	9. AGE (In yes		Under 1 Yr. If Under 24 onths Doys Hours Mi	Hrs.
	F WIDOWED DIV	ORCED _	4/5/18	91	77			110
	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS Of one during goost of working life, even if refired)	NDUSTRY	11. BIRTHPLAC	E (State or fore	ign country)	1:	2. CITIZEN OF WHAT COUN	NTRY?
	Waitness 1 cenera	,	MARCIC	AND			CL.S. A	
	FATHER'S NAME		14. MOTHER'S	MAIDEN NA	ME			
	JAMES ORR		SALL	4 RE	FYNOLD	2		
	. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL sc, no or unknown) (II yes, give war or dotes of service) SECURITY	NO.	17. INFORMAN	(ADDRESS	
	219-11	1-1790	Muni) . · /	7	4156	ADDRESS Mary and	
	18. 4 3 6 4 1 CAUSE	OF DEATH	IIIV	ora !	ary	1100	APPROXIMATE INTERV.	AL
	DISEASE OR CONDITION DIRECTLY		0		. /		BETWEEN ONSET AND DE	EATH
	LEADING TO DEATH	EDIATE CAUS	E nem	non	~			
	heart failure, osthenio, etc. Il means the disease.	10, OR AS A	CONSEQUENC	E OF:			******************************	
	injury or complication which coused death.)							
	ANTECEDENT CAUSES	6	J - U - a	_				
	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the	TO, OR AS	CONSEQUEN	CE OF:	************	******	100000 dd 100 hadda badaa accessoogoogo	1400
	UNDERLYING CONDITION last. (C)							
	11							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		************					- 04
		TION	20A. AUTOP	SY? (Yes or No.	208. IF YES,	WERE FIND	INGS CONSIDERED OF DEATH?	
٠	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN home, form, foctor, form, foctor, form, foctor, form, foctor, form, form	JURY (e.g., in			(If In E	Boltimore City	y, give exact location)	_
	DEATH (natify medical examine) etc.)							
5	lot mack		21 F. H	OM DID INJ	URY OCCUR?			
4	(APPROX.) While At Work	Not While At Wark						
22. I certify that (1) (this hospital) attended the deceased from waref 6 19 68 to march 10								
	that (i) (we) lost saw the deceased ofive on warmen	-10	19 🤇 🤇				deoth occurred on the d	
	ond hour and from the couses stated above. (1) (We) (did) (ew the body o		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	opinion	decili occurred on the c	1016
	23A- SIGNATURE	1017 11	ow the body c	itel dedille		23 B	DATE SIGNED	
	Voule to A. Alwania m.D	Atten. Phys.	ding M	ed.	Stoff D		3/10/69	
	23C. PHYSICIAN'S	PEGALE	D. ADDRESS	irector 🗀 📗	Phys. JCA		0110167	
	NAGAÉ (TYPÉ) LOSELIFO S. ALMARIO	7.5		100	MEMORE			
4	A. BURIAL CREMATION, 24B, DATE 24C, NAME of CEMET	DEGREE ERY OF CREA			CATION	ACIN I	SPITAL	
d	REMOVAL (Specify)	(0)	and to		OWOOd	Dasen	whose county! Ostale	Wa
1	A DATE RECIDEN HEALTH DERY MARK OF THE MARKET	nyan	TAT	1 D			Dodine)	

VS 150-REV. 1/1/68

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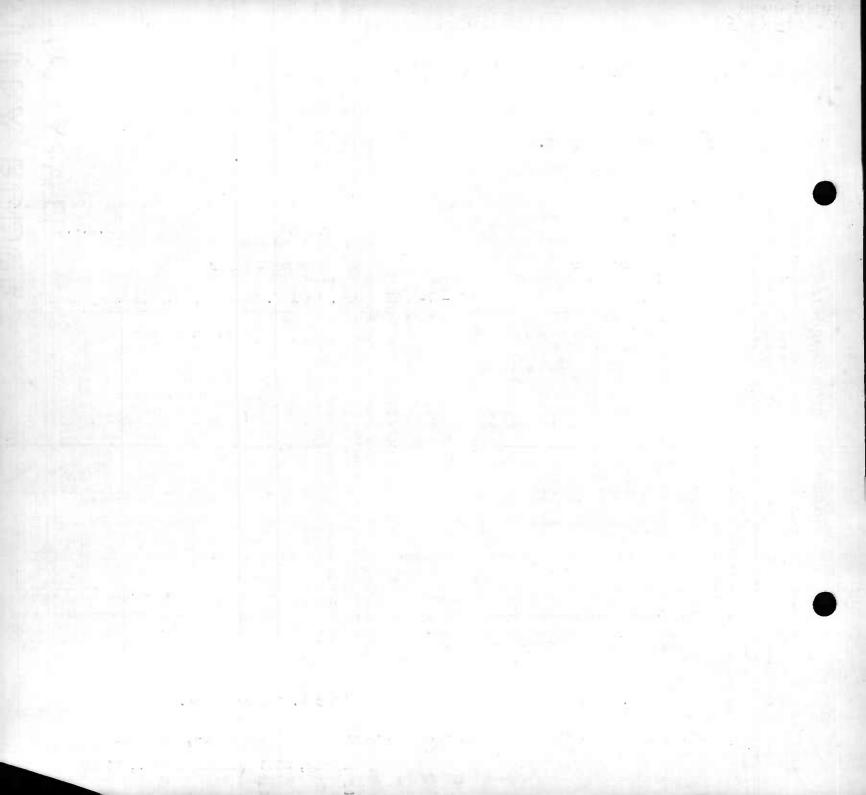
VS 150-REV. 1/1/68



BIRTH NO. 68	-23190	ILDICALI		CLKIIII	CAILOI	DLAII	REG. NO			
1. NAME OF DEC (Type or Print)	CHR	RISTOPHER	MOUNTS	2. DATE OF DEATH	Knawn X Estimoted	Manth March	Day 9, 196	Year 9	8:15	A. _M
4. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR	OSPITAL OR INSTITU	TION, GIVE STREET	3. DATE PRONOU 5. USUAL RI A. STATE	INCED DEAD SIDENCE (Where	e deceased liv	Day 19, 196 ed. If institution: 3. COUNTY		8:15	A. _M .
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Y LIMITS?		
Male	White	WIDOWED	DIVORCED		Baltimore		YES	s 🗓	No 🗆	
9. DATE OF BIRT 12/1/68		GE (In years If Mo	Under 1 Yr. If Under 24 Hrs. onths, Doys, Haurs, Min.		ND NUMBER	Calhou			190) 7
	State ar fareign caun		CITIZEN OF	13. FATHER'		Odinod	III DCLEE			Total Park
Maryl	and		WHAT COUNTRY?	Robert	L. Mount	S				
14A.USUAL OCCU done during mast of v	PATION (Give kind a varking life, even if re	(work 14B. KIND O	F BUSINESS OR INDUSTR		s MAIDEN NA		ano			
16. WAS DECEAS (Yes, na or unknawn	ED EVER IN U.S. A	RMED FORCES? dates of service)	17. SOCIAL SECURITY NO.	18. INFORM	Mounts,11	16 S. C.		DRESS		
(This does no heart failure injury ar core injury are injury	E OR CONDITION LEADING TO DEAT of mean the mode to asthenio, etc. It mee inplication which caus NTECEDENT CAUSI OR CONDITIONS, I E ABOVE CAUSE (A NG CONDITION L	of dying, e.g., ans the disease, ed death.) ES F ANY, GIVING a) STATING THE	DUE TO, OR	CAUSE SUC AS A CONSEQ AS A CONSEC		h in in	fancy			
DISEASE OR	II NFICANT CONDITION ATH BUT NOT RELATE CONDITION GIVEN	ED TO THE TERMINA I IN PART 1 (A).	AL							*********
104	OPERATION 20B.	CONDITION FO	R WHICH OPERATION W	AS PERFORM	ED				PSY? (Yes o	r Na)
UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. I cert resul ACTUAL SIGNATI EXAMIN	ER'S Char	(Year) (Hour) m. Inquiry I causes X	Inspection Au	while 2 work 1 who had a second of the secon	2F. HOW DID IN	JURY OCCU his basis, o Undetermin EXAMINER EXAMINER	R? death in my c ed monner	apinian	DATE SIGN	NED
24A. BURIAL CREA REMOVAL (Speci	MATION, 24B. DA	ATE	24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town,	or caunty) (Sta	te)
Burial 25A. DATE REC'D	BY HEALTH DEPT.	12/69 25B. NAM	Cedar Hill C	emetery 25C. F	UNERAL DIRECT	altimor	e, Mary	DRESS		
			A 490 A	Wit	zke, 410	1 Edmon	dson Av	9 2	122	

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VS 150-REV. 1/1/6B



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



C-416

69 2618 BALTIMORE CITY HEALTH DEPARTMENT

	711.110	MED	PICAL	EXAMINER'S	CERTIFI	CATE O	F DEAT	H REG. NO	65	9 2618
	NAME OF DEC									F
	pe or Print)	WILLIAM	J. CI	LEAVER	2. DATE OF DEATH	Known Estimated	MARCH	I 8,19	69	Hour M.
4.	PLACE IN BAL	TIMORE, MARYLAND, Y	VHERE PR	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HO	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INST	ITUTION, GIVE STREET		UNCED DEAD		8, 1969		5:00 P.M.
C	0	1325 East	North	Avenue	A. STATE	Maryland		B. COUNTY	residence b	Jerore odinission)
6.	SEX	7. RACE	B. MARRI	ED X NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?	
	Male	White	WIDOW	PED DIVORCED		Baltimon	re	YE	s X	NO 🗆
	orte of BIRT	H 10. AGE (I lost birthde	(Y)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET	1325 Eas			(709
11.	BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER	'S NAME				
-		Wisconsin	JAR KIND	OF BUSINESS OR INDUSTRY		oward (•		
		working life, even if retired)		staurant		Unknowr				
16.	WAS DECEAS	ED EVER IN U.S. ARME	FORCES	? 17. SOCIAL SECURITY NO.	18. INFOR	MANT		AD	DRESS	
1.2	es 5/	18/18 6/7/	19 2	214 03 3437	Mrs	Helen M	. Clea	ver 223	32 Mo	nocacy R
	19. 44 /	2 4		CAUSE OF DEA					API	PROXIMATE INTERVAL
		E OR CONDITION DIRE	CTLY	Arteriosc	lerotic	cardio	ascular	disease		EEN ONSET AND DEATH
		LEADING TO DEATH		(A)IMMEDIATE C			****			
	heort foilure	not mean the mode of dy c, asthenia, etc. It means the mplication which coused de	diseose,	DUE TO, OR A	AS A CONSEC	UENCE OF:				
7	DISEASES RISE TO TH	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST.		(B)	AS A CONSE	QUENCE OF:				
Õ		- 11		(~/~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			***************************************			
CERTIFICATION	TO THE DE	NIFICANT CONDITIONS C ATH BUT NOT RELATED TO R CONDITION GIVEN IN P	THE TERMI	ING NAL						
ERTI				FOR WHICH OPERATION W	AS PERFORM	AED .			21. AUTO	PSY? (Yes or No)
O									No	0
DICA	UNDERLYING	NAL CAUSE WAS ON CONTRIB-		22B. PLACE OF INJURY (e.g., home, form, foctory, street, offic				re City, give exo	t location)	
MEDI		(Month) (Doy) (Yeo		WHILE AT NOT	WHILE	22F. HOW DID	INJURY OCC	UR?	3/50.	
	23.	tify that I held an I	nguiry [topsy	and that a	n this basis	death in my	aninian	
		ted fram: Natural cau				omicide 🗌		ned manner		
	16301	A COLORED COL	363	Accident 501cit		CHIEF MEDICA			,	
	ACTUAL	(le l	1.	0		STANT MEDICA				DATE SIGNED
	SIGNAT EXAMIN	ER'S Charles	S . S	Springate, M.D.	,	CIATE MEDICA			ch 9,	1969
	A. BURIAL CRE	MATION, 248. DATE	TE S	24C. NAME of CEMETERY	ar CREMATO	DRY 24	ID. LOCATION			
	moval (Speci		1/60	Channaurt	Omama	tome	Delta			2
		BY HEALTH DEPT.		Greenmount	25C.	FUNERAL DIRE	CTOR		DÖRESS	a
	適	HK 11 1303 (1 24	TE STE PENER				Sons I		
VS	151-REV. 1/1/61	חדתו לייד חול	1	5 9 0 0	0 0	TOTHOL	Mary	land 21	213	4

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEG NO.

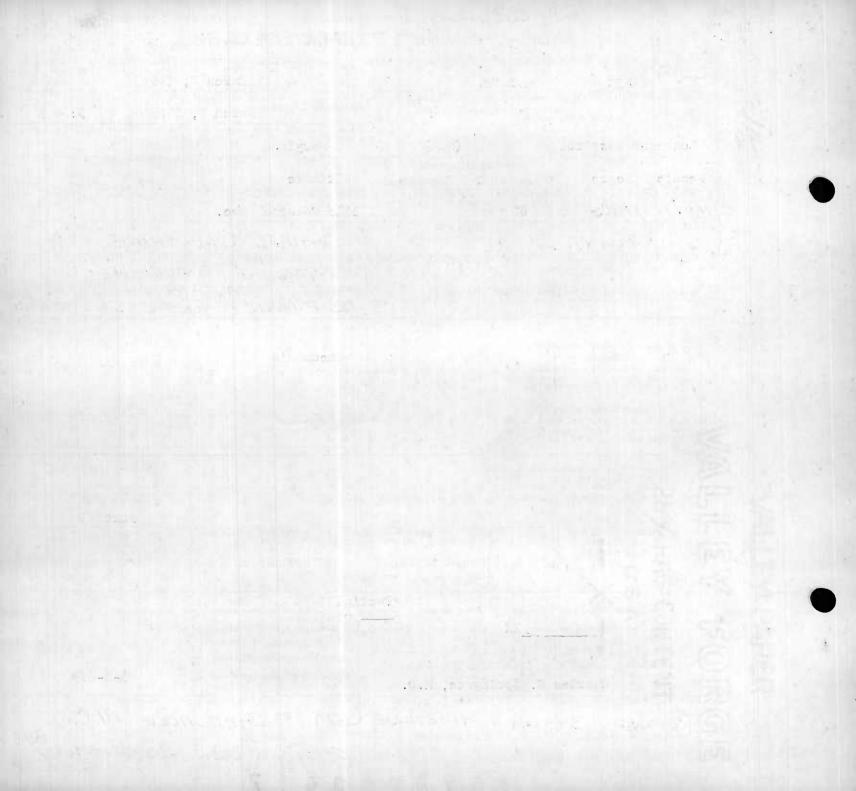
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Manth Day Year Hour
(Type or Print) JOE WILLIAMS JR.	OF DEATH Estimoted March 7, 1969
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD March 7, 1969 10:40 Pm.
HOSPITAL ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
Maryland General Hospital (D)A)	A. STATE B. COUNTY
	Maryland
6. SEX 7. RACE 8. MARRIED X NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro widowed □ DIVORCED □	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr.	
6-15-1937 Sat birthdoy) Months Doys Hours Mir	565 W. Biddle St.
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Darlington, S.C. WHAT COUNTRY?	Joe Williams
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST	
dane during mast of warking life, even if retired)	
Laborer	Alice Moses
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknawn) (If yes, give war ar dates af service)	Oree Williams 1812 N. Wolfe St. 21218
no	oree williams fold N. wolfe St. 21216
19. 4 CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE	CAUSE Bilateral pneumonitis
This daes not mean the mode of dying, e.g., DUETO. OI	R AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, O	CAS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION V	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	000000000000000000000000000000000000000
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION	NAS PERFORMED 21. AUTOPSY? (Yes or No)
07	Yes
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	., in ar about 22C. WHERE DID (If in Baltimare City, give exact location)
S SHEETING DON SOLITION	ice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Haur) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	OT WHILE -
(APPROX.) m. WORK AT	WORK
23. I certify that I held on Inquiry Inspection A	utopsy X and that on this basis, death in my apinion
resulted from: Natural couses X Accident Suic	
00 10 1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE (LAND). Songal M	D. ASSISTANT MEDICAL EXAMINER X
	ASSOCIATE MEDICAL EXAMINER 3-8-69
NAME (Type) Charles S. Springate, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	
REMOVAL (Specify) Burial 3-12-69 Mt. Auburn Co	emetery Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 735 Harfordadoves 21213
255. DATE RECORD THEATTH DETT.	
	Marshall W. Jones, Jr.
VS 151-REV. 1/1/68	0 2 6 1 5

The solvest the solvest the solvest 44

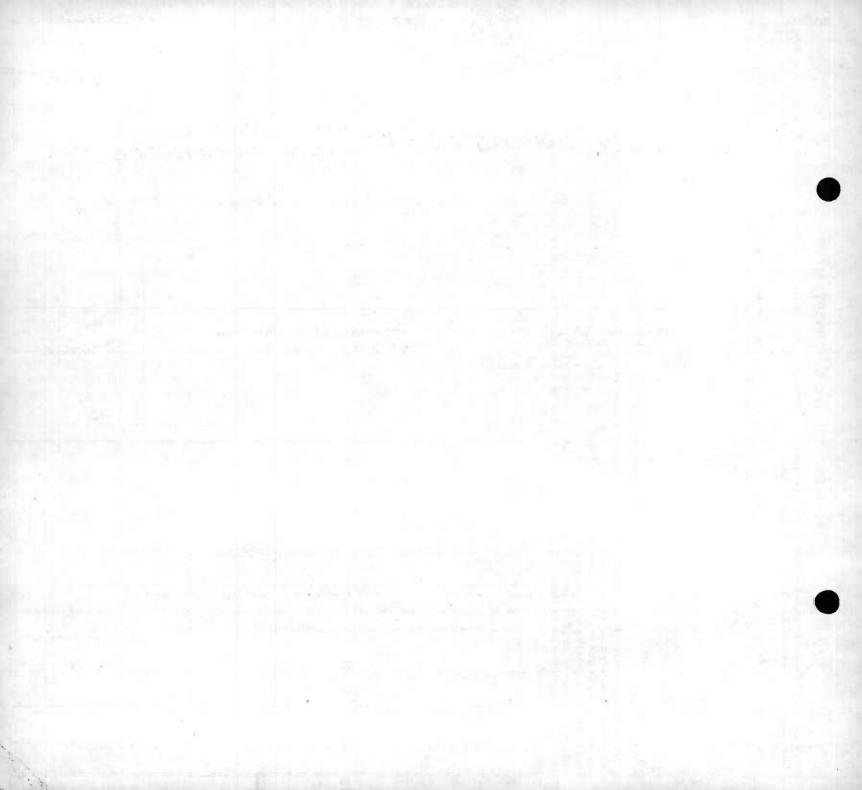
1	M-93	69 2620 CEDITIES A TE OF DEATH REG. NO. 69 2620	
	death death reased on the Such	INAME OF DECEASED	<u> </u>
	- 700 -	Type WRTGHT, HENRIETTA ISABELLA MARCH 6, 1969 12:05A.	
	ospite e of 5) De nce c	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	nl
	a hose cause se; (5) endanc to dec	FULL NAME OF SIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATIONI INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?	
tributing mined caured in tributing mined cauragular atta	in o	WILKENS & CATON AVENUES BALTIMORE YES NO	
	BALTIMORE MARYLAND 21229 STREET AND NUMBER 3135 LEEDS AVENUE 5300)	
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr., II Under 24 H	13,	
		10A USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS CO. (NO. 1777)	
or c ndet indet dec	MARYLAND USA	RY7	
	13. FATHER'S NAME	_	
Z		LARKIN, THOMAS DEC'D (WILLIAMS) SUSAN DEC'D	
IMPORTAN	ssistant the di r kind; death nce on final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (II yes, give war ar dotes of service) NO 16. SOCIAL SECURITY NO. 212 12 9074 ST AGNES HOSPITAL WILKENS & CATON	AV
PO	any any ced nda	18. 4 O / A APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
3	er or his er. Also, cture of pronound ar atten balmed	This does not mean the mode of dying, e.g., heart failure, ashenic, etc. It means the disease	
OR:		heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	
5	2 0 6	ANTECEDENT CAUSES (8)	
DIRE	(3) x = 1	DISEASES OR CONDITIONS, il any, giving rise la the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF:	
AL	medica nedica burns; hysici an was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	-
FUNER	hier ody he he sici	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING.	_
FU	tal by e; (2) B here t No phy before	In Boltimore City of the avent least to	_
		California Paraminer Page 1	
	b hospita nature; cept who id (6) No	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not Work At Work	_
	pro the ax an	22. I certify that XIX(this hospital) attended the deceased from MARCH 5. 19 69 to MARCH 6. 1069	_
	of a of al (h);	that MM(we) last sow the deceased alive on MARCH 6, 1969 and that In(My) (our) opinion death accurred an the data	te
	dent of death) must be a	ond hour and from the causes stated abave. (N (We) (did) (did)(n)(t)(view the body after death. 23A. SIGNATURE 23B. DATE SIGNED	_
a to a colo	Best 7 Worters M. D. Attending Med. Staff X 3-6-69		
	ifficate y was r 1) An a 1.A. at d prior approv	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS ST. ACNES HOS HOS S. CATON AVE	-
		BERT F MORTON D DEGREE ST AGNES HOSPITAL WILKENS & CATON AVE. 24A. BURIAL CREMATION. 24R. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Town, or county) (Stotol)	-
	ONDE	Serial 3-10-69 Me auburn Westpart Westrit Butt. mil	-
	This the b show was dece	25K. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Wesley Clave N. ADDRESS ADDRESS ADDRESS	en
		VS 150-REV, 1/1/68	= '

THE I DATE TO BE DONE OF STREET

BIRTH NO		WED	ICA	L EXAMINER'S	CERTIF	CATEO	F DEAT	H REG. NO.			
I. NAME OF DEC	CEASED				2. DATE	Knawn X	Manth	Day	Yeor	Hour	_
(Type or Print) A	NNIE		MACK	SUL	OF DEATH	Estimoted [8, 1969		1.00.	
4. PLACE IN BAL	LTIMORE, MA	RYLAND, V	VHERE P	RONOUNCED DEAD	3. DATE		Month	Doy	Year	Hour	М.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO ADDRE	T IN HOSPITA	AL OR INS	STITUTION, GIVE STREET		RESIDENCE (W		8, 1969		5:00	
Luthera	n Hospi	ita1		(DOA)	A. STATE	Maryland		B. COUNTY	1: residence b	-0 L	sion}
6. SEX	7. RACE		8. MAR	RIED NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CI	TY LIMITS?		
Female	Negro		WIDO	WED DIVORCED] Bal	imore		YI	s 🗌 ı	No 🗌	
9. DATE OF BIRT	11906	10. AGE (li last birthda		II Under 1 Yr. II Under 24 Hrs Manths Days Haurs Min		AND NUMBER Walbroo	k Ave.				
STATES	Stote ar lareig			12. CITIZEN OF WHAT COUNTRY?	13. FATHEI		0	UNTH	INE		
	JPATION (Giv	e kind al wark	14B. KIN	D OF BUSINESS OR INDUST	RY 15. MOTH		IAME	RALE			
		41.6		Ivz coour	_ 1						
16. WAS DECEAS (Yes, no ar unknown	(Il yes, give	var or dates	ol service	S? 17. SOCIAL SECURITY NO.	1B. INFOR	MARG		HTOR AL		IS WAL	LBROO
19. 4	6 X .			CAUSE OF DE	ATH					PROXIMATE IN	
(This does no heart lailure Injury ar can DISEASES GRISE TO THI UNDERLYIN OTHER SIGN TO THE DEL	ATH BUT NOT	mode of dy It means the ch caused dec CAUSES ONS, IF ANY USE (A) STA ION LAST. II NDITIONS CO RELATED TO	disease, ath.) (, GIVING THE	(B)(B)(C)	CAUSE TAS A CONSE						•
DISEASE OR	CONDITION). I FOR WHICH OPERATION V	VAC DEDECOR	AFD			IOI AUTO	PSY? (Yes o	- N-A
DAIL OF	OFERATIO	1 200. CO	ADIIIOIN	I FOR WHICH OPERATION V	VAS PERFOR	WED					ii ivuj
₹ 22A. EXTER	NAL CAUSE	14/A C		220 DIAGE OF INHURY/-	/=bd	22C WHERE D	D 46 - D 10		Part:	ıaı	
UNDERLYING UTING CA	OR CON	TRIB-		22B. PLACE OF INJURY (e.g hame, larm, factary, street, oll	ice bldg., etc.)	INJURY OCCUR	?	re City, give exc	ict tocotion)		
	(Manth) (D	ay) (Yeo	r) (Hou	22E.INJURY OCCURRED		22F. HOW DID	INJURY OCC	UR?			
(APPROX.)					WORK						
23.	79-0			I	Partial		A.m. U				
I cert	tify that I h	eld on I	nquiry	Inspection A	utopsy X	and that a	n this bosis,	death in my	opinion		
resul	ted from: N	oturol cau	ses XX	Accident Suic	ide 🔲 🕒	lomicide 📙	Undetermi	ned monner			
ACTUAL SIGNAT		uns	1.	L'art M	.D. ASS	CHIEF MEDICA		X		DATE SIGN	NED
EXAMIN NAME (1	IER'S Ch	arles S	S. Sp	ringate, M.D.	ASS	OCIATE MEDICA	AL EXAMINER		3-8-	-69	
24A. BURIAL CREATER REMOVAL (Special Control of the	ify)	4B. DATE	(aC)	STATEVILL	0	ORY 24	S. LOCATION	(City, tawn	ar county)	(Stat	te)
25A. DATE REC'D		- 1	-	NAME OF REGISTRAR		FUNERAL DIRE	CTOP	-01000	DDPESS	, _	AU
ZJA. DATE REC'D	MAR	1 1969		AME OF REGISTRAK	Ex	FUNERAL DIRE	WILSO	N 100	OBRA	NICE	AY
VS 151-REV. 1/1/60	8		1 1	2 6 9 0 0	0 0	6 1	7			1	



1	69 2022 BALTIMORE CITY HEALTH DEPARTMENT	0 2022
	DET NO. LE CASE NO. NEE GREEN CERTIFICATE OF DEATH Registered No. 61	J RULL
1	NAME OF DECEASED LULAG WILLIAMS 2. DATE AND HOUR OF DEATH 3-5-69	
2	PLACE OF DEATH IN BALTIMORE, MARYLAND [4. USUAL RESIDENCE (Where deceased lived, If instill	ution: residence before admis
3	A. STATE B. COUNTY	1//
	FULL NAME OF (If not in hospital or institution, give street oddress or location) (If not in hospital or institution, give street oddress or location) (C. CITY OR TOWN (if outside city limits, write RUR)	(A) and give township)
	INSTITUTION PAINT TO PE	ina one give township?
	2630 EDMONDSON HVED. STREET ADDRESS (If juvel, give location)) 0.0
	7630 00000	DON HVE
5		f Under 1 Yr. If Under 24 Nonths Doys Hours M
1	DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY W/ BIRTHPLACE (State or foreign country)	2. CITIZEN OF
	one during most of working life, even if retired)	WHAT COUNTRY?
i	S. FATHERS NAME	WALK
ľ	A JAMES MURRAY RACHEL	
1		ADDRESS
in	es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	0 1 10
_	18.4 1 2 1 CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY Hypersensive Cardio-	ONSET AND DEAT
	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO DUE TO	18 months
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. Il meons the diseose,	
	injury ar camplication which caused death.)	
ı	ANTECEDENT CAUSES (B) DUE TO	
	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the (C)	
	UNDERLYING CONDITION last.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
111		ity, give exact location)
;	OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?	
	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	OF INJURY (A PPROX.) While At Not While At Work	
		/21/68 19
	that (I) (we) lost saw the deceosed alive on 11/21/68 19 ond that in (my) (our) opinion	
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
		B. DATE SIGNED
	M.D. Attending Med. Director Stoff Phys.	3/6/69
	23C. PHYSICIATES NAME (Type) 23D. ADDRESS	210101
	Ralph W. Reckling, M.D. 255 N. Payson Street	
2		town, or county) (S
	Buria & 3-1069 Intaken Cont Button	re M
1	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C UNERAL DIRECTOR	ADDRESS
	MAR A I 1968 John E. Jackey MA Elion Oly Uson 11	My Breeze
V	S 150-REV. 1/1/65	

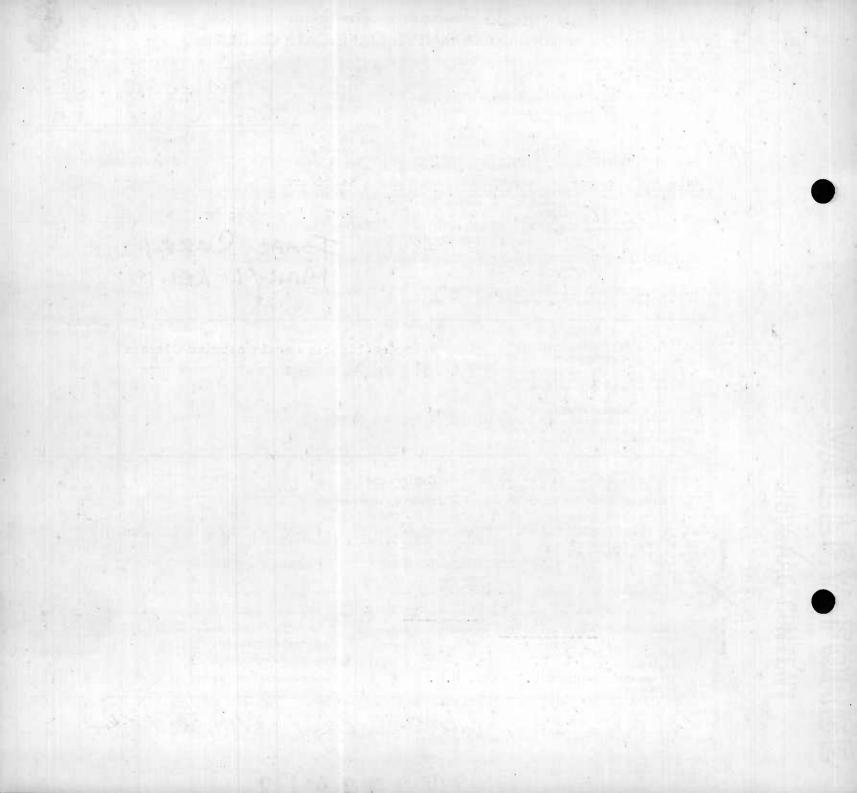


69 2623 BALTIMORE CITY HEALTH DEPARTMENT

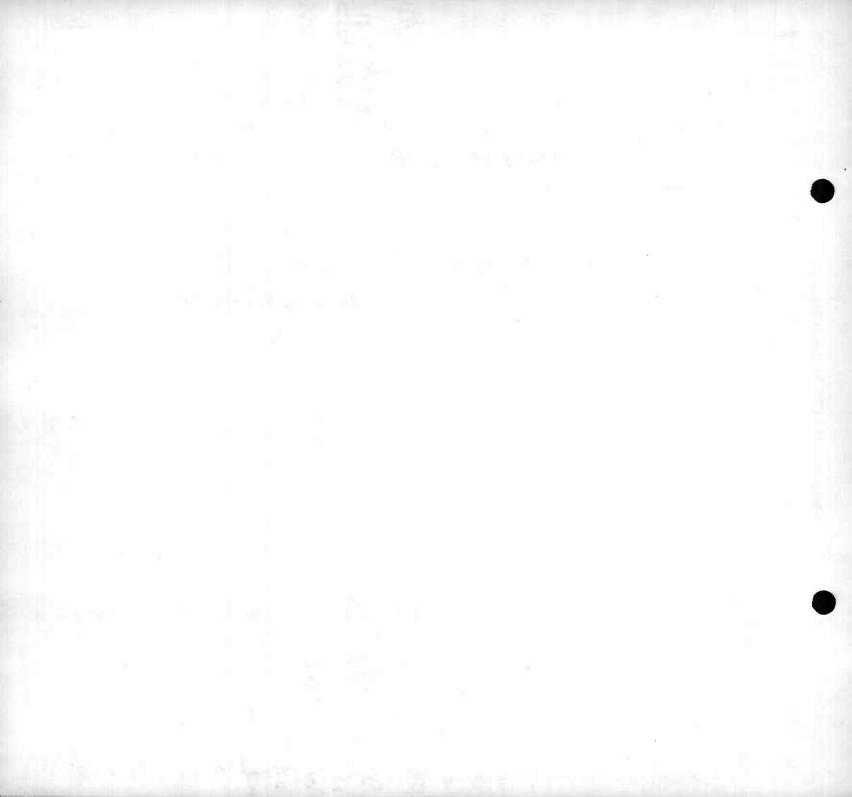
69 2623

MILDICAL ENAMINATION OF CENTRICATE OF DEATH	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH.
---	---------	------------	-------------	-----------

BIRTH NO.	KEG. 140								
1. NAME OF DECEASED	2. DATE Knawn Manth Doy	Yeor Haur							
(Type STEVEN (STephen) CURRY	DEATH Estimoted March 2, 19	69 10:00 A.							
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD March 3. 196	9 11:10 A.							
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution:								
	A. STATE B. COUNTY								
1007 E. Monument St.	Maryland	V I MITS2							
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?								
male negro WIDOWED DIVORCED		NO L							
9. DATE OF BIRTH 10. AGE (In years Il Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AND NUMBER								
Kept 12 1888 80	1007 E. Monument St.								
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME								
WHAT COUNTRY?	I TSAAC (URRIL								
14A. USUAL OCCUPATION (Give) ind of work 14B. KIND OF BUSINESS OR INDUSTRY	VIS. MOTHER'S MAIDEN NAME								
done during most of working life, even il refired)	MAR. 11. 1 GUME	5							
1 lettice	MININY MI LEWL	DRESS							
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	18 INFORMANT ADI	JKE55							
MES	May & Daily 1038E	mount of							
19. 4 / CAUSE OF DEA	тн	BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY Arterio	sclerotic Cardiovascular Disea								
LEADING TO DEATH (A)IMMEDIATE (36							
(This does not mean the made of dying, e.g., DUETO, OR,	AS A CONSEQUENCE OF:								
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)									
ANIECEDENT CAUSES (B)	AS A CONSEQUENCE OF:								
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:								
UNDERLYING CONDITION LAST.									
9									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
TO THE DEATH BUT NOT RELATED TO THE TERMINAL Emphyse	łma								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)									
0		No							
Z22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	In or obaut 22C. WHERE DID (If in Baltimore City, give exac	No No							
U LINDERLYING TOP CONTRIR hame, farm, foctory, street, offic	te bidg., etc.) INJURY OCCUR?								
UTING CAUSE OF DEATH.	COST LLOW DID IN HUDY OCCUPA								
OF INJURY (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?								
(ADDROV)	WHILE WORK								
23.									
I certify that I held an Inquiry Inspection X Au	utapsy 🔲 and that on this basis, death in my	apinian							
resulted from: Natural causes X Accident Suicio	de 🗌 Hamicide 🔲 Undetermined manner 🗌								
1000000	CHIEF MEDICAL EXAMINER	DATE CLONED							
ACTUAL WYNYS / SAME	ASSISTANT MEDICAL EXAMINER	DATE SIGNED							
SIGNATURE Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 3/3/69									
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINAER	3,3,3,							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOGATION (City, town,	or caunty) (State)							
REMOVAL (Specify)	p 601 / 1/11/1	n. 1)							
Burial 3-9-69 Mulies	2 Har al turung	1/2							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	DDRESS							
MAR 1 1900 (12, 32, 52, 62, 64, 64, 64, 64, 64, 64, 64, 64, 64, 64	80. 10/14 lan 100 1	310 Al. hx							
	(con our would)	Menuly 10							
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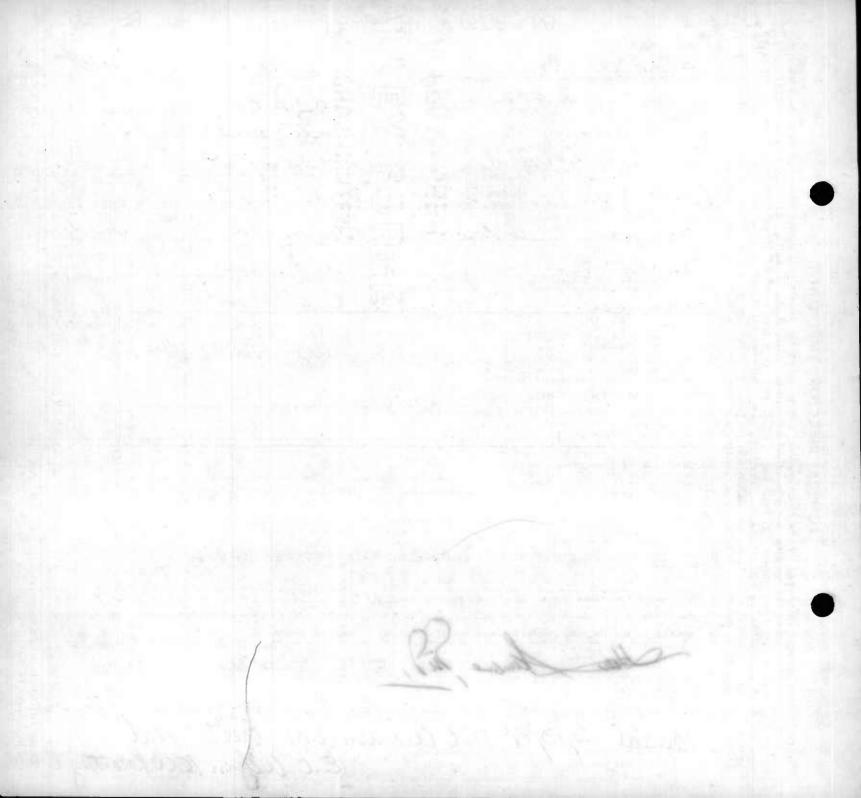


K	-500		H NO.	68	9 262	4 CE	RTIFICA	TE OF D	EATH	Registered No.	69	2624
	an ase ase th	1, N	AME OF DECE e or Print)	ROS	A EL	LA	REEL		2. DATE AND	HOUR OF DEATH		
		3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND			4. USUAL RESIL	DENCE (Where	deceosed lived. If ins	titution: residenc	e before admission)
	a nos cause se; (5) endanc to de	F	ULL NAME OF	F (If not in hospital oddress or location	n)		11	c. CITY OR TO	WN (If outsi	de city limits, write R	URAL ond give	township)
	atto /) (CAR	ROLLTON	NURSI	,	HOME	D. STREET ADD	ORESS (If ru	rol, give location)	TON	AUF
	tributir mined of gular sed pri	5. S	EX	6. RACE	7. MARRIED, N WIDOWED,	VEVER M		B. DATE OF BIRT	TH 9.	AGE (In years 92	II Under 1 Yı. Months Doys	If Under 24 Hrs. Hours Min.
	re re			IPATION (Give kind of wor vorking life, even if retired)	k 108. KIND OF	BUSINESS	OR INDUSTRY	11. BIRTHPLACE	(Stote or foreign	country)	12. CITIZEN O	F DUNTRY?
			FATHER'S NAM					MA(RYCA!		U	SA
ANT	G-1 E-2	15. 1	Vas Pecensed	AMES Ever in U. S. Armed Fo		1+T		17. INFORMANT	ARY	P. Wing	fh/ ADD	DF SS
	ssistar the d y kindy d deat ance of	(Yes	,no or unknown)	(If yes, give wor or dot	es ol service)		RITY NO.		0 J. F	PARKER		
	f and and a or			E OR CONDITION DI	-		CAUSE O	DEATH	0		ONSE	T AND DEATH
••	- 0 3 E 8		(This daes no heart failure,	LEADING TO DEATH at mean the made af asthenio, etc. It means	dying, e.g., the disease,		DUE TO	, vairui	ar ou	recent of hor	Part 10	y lars
Ö.	frac frac gulo emb			plication which coused ANTECEDENT CAUSES			(B) DUE TO	MOCAS	editi		16	Ylors
IRE	(3) A an war in r		rise la lhe	R CONDITIONS, if above cause (A) CONDITION lost.			(C) Q	rterio_	sely	6110	13	years
AL	medico nedico burns hysic in wa rema	ATION	TO THE DI	II FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING	ATED TO THE							
	Chiet C a r Body the p ysicic	ERTIFIC/	19A. DATE OF	OPERATION 198. COM	NDITION FOR W	нісн ор	ERATION	20 A. AUTOPS	SY? (Yes or No)	20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CON	SIDERED 1?
ed by the nospital by ature; (2) pt where (6) No pined befo	U	OR CONTRIBU	IT WAS UNDERLYING [TING [] CAUSE OF medicol exominer)	21 B. F home etc.)	LACE OI	F INJURY (e.g., in actory, street, of	or obout 21 C. W	HERE DID Y OCCUR?	(If in Boltimore	City, give exoc	t locotion!	
	MEDIC	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 E. While Work	e At	Not While At Work		OW DID INJU	RY OCCUR?	110000000000000000000000000000000000000		
	the any (exc an			that (l) (this hospito	1) ottended the	deceos	sed fram	5-11-		tin(my) (our) apin	f	19 6 9
٧.	dent of death)			fram the couses sta			-	- 1			23B, DATE SIG	
į.	5 6 5 6 6		Lother	E. X. Can	alg		Phy		Med. S Director P	toff hys.	1-4-	69
	0 0		PAME (T)	OHN E	T. CAI	MPE	R M.D.	639h-1	Parcy St.	Ballo Jug	verland	121217
	certification of the second of	24A	REMOVAL S		69 me	ME OF CE	METERY OF CRE	matory mul	2 D. LO	cation (Cit	y, to fin, or cour	nty) (Stote)
	This certification of the body shows: (1) was D.O. deceased written a	25A	. DATE REC'D		25B. NAME OF	REGISTR	Par Mas	25C FUNER	AL DIRECTOR	200/07/1	Bunn	HAS PL
		VS	150-REV. 1/1/6	74.1	79/	7	0 1	0 2 6	0			7



VS 150-REV. 1/1/6B

VS 150-REV. 1/1/68



15 A.M

3-657	69 2627, BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO								
	1. NAME OF DE		E. GREEN	2. DATE Known COF DEATH Estimoted	Month Doy Year Haur				
	FULL NAME OF		VHERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET TION)	DRONOUNICED DEAD	March 9, 1969 Year Hour				
	OR INSTITUTION	1616 Llewe	lyn Avenue	5. USUAL RESIDENCE (Where do	eceased lived. If Institution: residence before of B. COUNTY				
	6. SEX Male	7. RACE Negro	8. MARRIED NEVER MARRIE WIDOWED DIVORCE	C. CITY OR TOWN Baltimore	D. INSIDE CITY LIMITS? YES X NO				
	Marylan	1929 do lost birthďa State or foreign country)	y) Months, Doys, Hours		lyn Avenue				
		JPATION (Give kind at work working life, even if retired)	148. KIND OF BUSINESS OR INL	Rosetta F. Ho					

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)|(If yes, give war or dates af service) SOCIAL SECURITY NO 18. INFORMANT **ADDRESS** 216-24-3497 Yes 1703 Llewelyn Ave. Daniel Green APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Lobar pneumonia LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). FICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) (Partial) Yes 22A. 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Baltimore City, give exact location) home, farm, factory, street, office bldg., etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? 22D. TIME (Month) (Year) OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK (Partial 23. I certify that I held on Inquiry Autopsy X ond that an this bosis, death in my opinion Inspection resulted from: Natural couses X Acchdent Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Charles S. Springate, M.D. March 9, 1969 NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) Balto National Cem. Balto. Md. Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** March 928 E. North Ave. VS 151-REV. 1/1/68

THE PARTY OF THE P 4

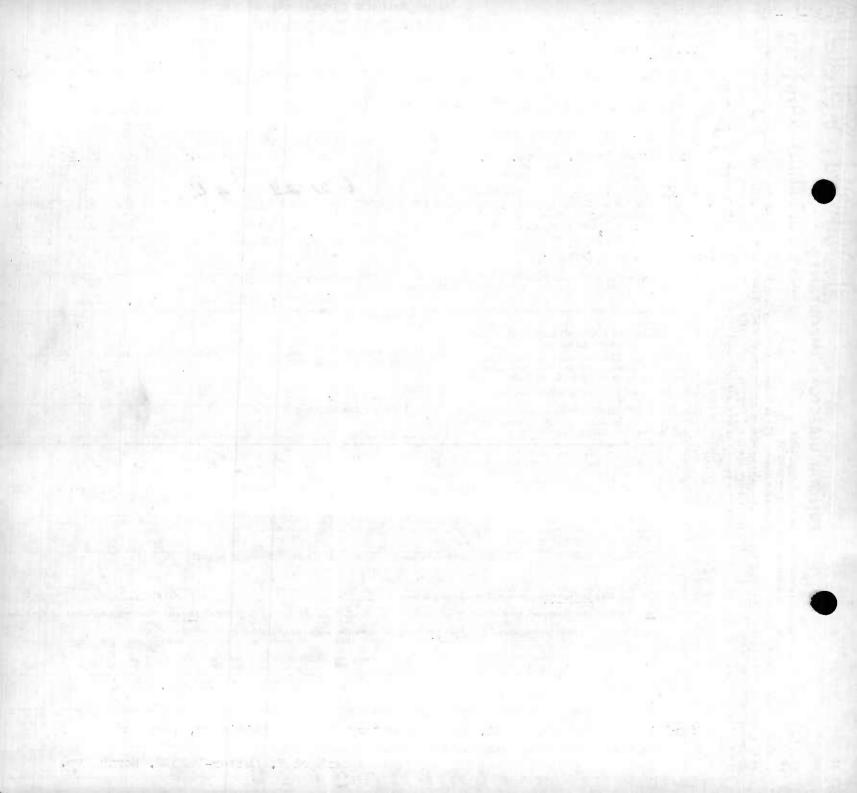
69 2500	CERTIFICATE OF DEATH REG. NO.	2623
DECEASED CHARLES MORGAN	2. DATE Known Month OF March 7, 1969	6:10 A.
BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy Yeor PRONOUNCED DEAD March 7, 1969	6:10 A.
YLAND GENERAL HOSPITAL (DOA)	5. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Maryland B. COUNTY	belore admission)

	1. NAME OF DECEASED (Type or Print) CHARLES MORGAN 2. DATE Known Month March 7, 1969 6:10 A.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year Hour
48	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD March 7, 1969 6:10 A.
99	OR INSTITUTION MARYLAND GENERAL HOSPITAL (DOA) S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
6-6	6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Male Negro WIDOWED DIVORCED Baltimore YES NO D
	9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Manths, Doys, Hours, Min. 3820 Compignor Pland
	6-18-46 22
	WHAT COUNTRY?
	14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME
	done during mast of working life, even if retired) Rebecca Bryan
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates af service) 17. SOCIAL SECURITY NO.
	214-44-0566 Rebecca Morgan 3820 Garrison Blvd.
	BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY Gunshot wound of chest
	(Alimmetrial E CADS: (This does not mean the mode of dying, e.g., DIE TO, OR AS A CONSEQUENCE OF:
	heort foilure, osthenio, etc. It means the diseose, injury or complication which coused death.)
	ANTECEDENT CAUSES (8)
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF: RISE TO THE ABOVE CAUSE (A) STATING THE
	UNDERLYING CONDITION LAST. (c)
	CC)
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
	yes yes
	22A. EXTERNAL CAUSE WAS UNDERLYING 22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in Baltimare City, give exact location) hame, form, foctory, street, office bldg., etc.) INJURY OCCUR?
	Building 19 W. Mt. Royal Avenue
	OF INJURY
	(APPROX.) March 7,1969 6:00 And WORK Gunshot wound of chest
	I certify that I held an Inquiry Inspection Autopsy 🖾 and that on this basis, death in my apinion
	resulted from: Natural causes Accident Suicide Hamicide Undetermined manner
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE MAD ASSISTANT MEDICAL EXAMINER LA
	EXAMINER'S NAME (Type) Ranald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER 3/7/69
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
	REMOVAL (Specify) Burial 3-11-69 Mt; Aubirn Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

VS 151-REV. 1/1/6B

2624

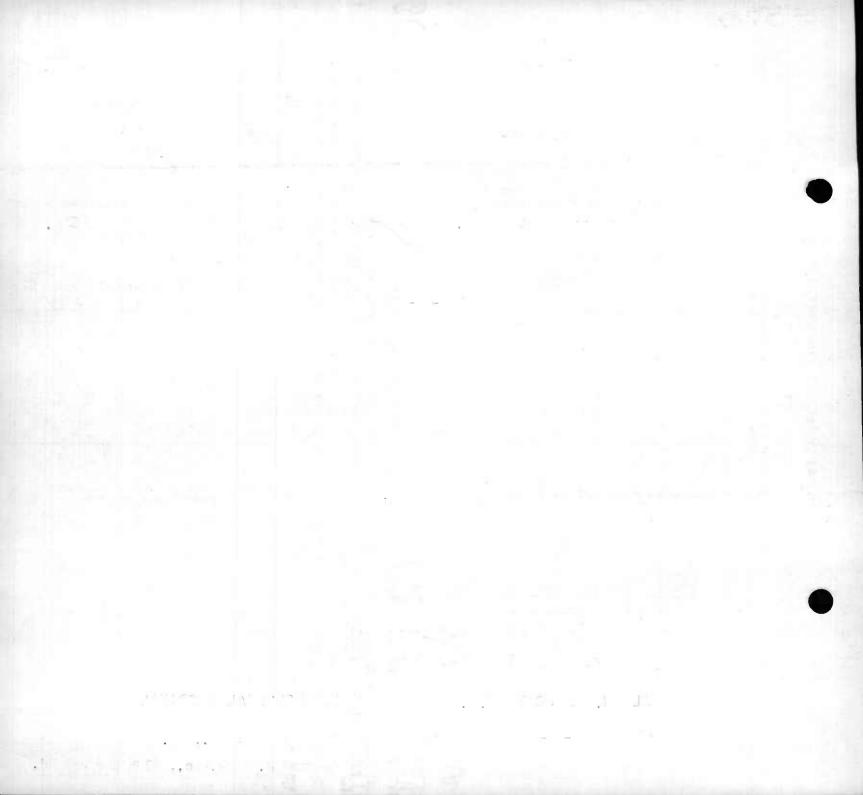
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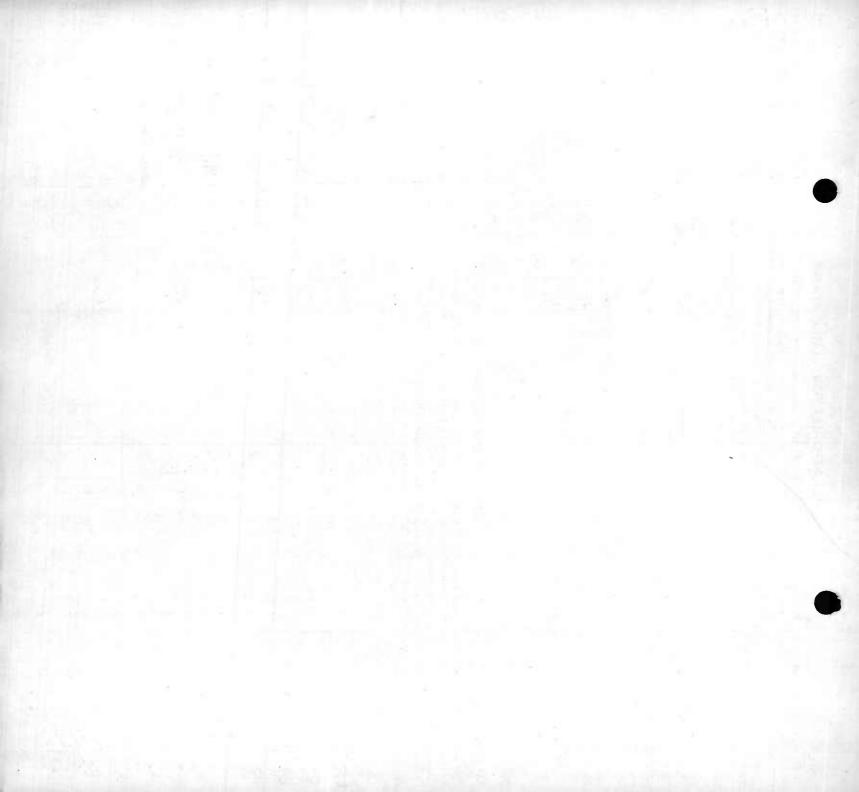


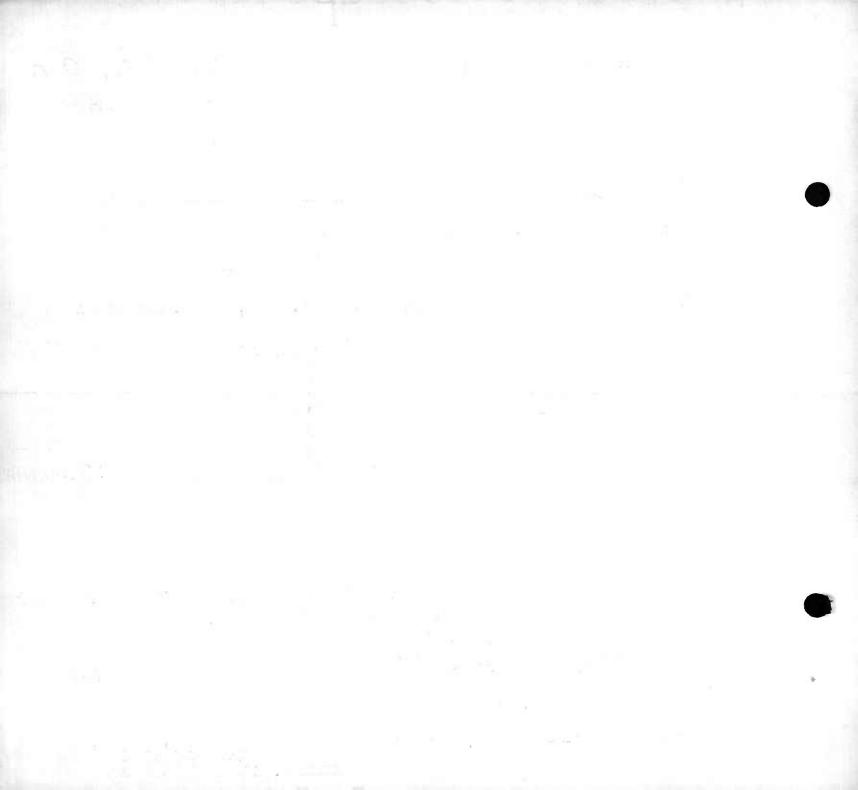


69	CERTIFICA	TE OF DEATH	REG. NO	69 2531
NK LOMA	S	3-	10-69	1250 PM
TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE B. COUNTY	deceased lived. If instit	tution: residence before odmission)
(IF NOT IN HOSPITAL ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN	D. INSIDÉ	CITY LIMITS?
	IAL HOSPITAL		Y	ES NO
			N STREE	T
6. RACE	WIDOWED DIVORCED	10-3-1878	90	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
working life, even if retired) Supertender		ion ENGLAND		U.SA
	OMAS			
Ever in U. S. Armed For		17. INFORMANT	525 WND	WOOD RP
-			BALTO, MI	0. 2/234
asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION lost,	ony, giving DUE TO, OR A stating the	TIC SHOCK SA CONSEQUENCE OF:		
TH BUT NOT RELATED TO TECONDITION GIVEN IN PAR FOPERATION 19B. CON WAS PERI	HE TERMINAL IT 1 (A). IDITION FOR WHICH OPERATION FORMED 218, PLACE OF INJURY (6.g.,	in or obout 21 C. WHERE DID	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH? City, give exect location)
(Month) (Doy) (Yeot)	While At Not Wh	ile 🗀	RY OCCUR?	
that (1) (this hospital	l) ottended the deceosed from	3-8 19	6910 3	
) lost sow the deceose	ed olive on 3-10	19 67 ond that	in (my) (our) opinio	on deoth occurred on the dot
d from the couses stot	ted obove. (I) (We) (did) (did not)			3B, DATE SIGNED
MBeane		ys. Director L P	haff 🕫	3-10-69
LD H. BRANCA		REMATORY 24D. LO	CATION (City,	town, or county) (State)
3-13-6		Ba	lto. Md.	
100 1 1 1 1000	25B. NAME OF REGISTRAR	Zeonard J Pr	ick Inc. 53	ADDRESS Of Harford Rd.
/6B	NEWS SON	1 0 0 2 7	AUN 9 E HU . 9 JJ	
	G. RACE WPATION (Give kind of work working life, even if retired) WE HOR G. RACE WOOD TENDED WORTHON (Give kind of work working life, even if retired) WE HOR G. RACE WOOD TENDED ME CHARD LEVER IN U. S. Armed Form of the control of the	SEASED NK LOMAS TIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NA MEMORIAL HOSPITAL (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NA MEMORIAL HOSPITAL (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR INDUSTRY WIDOWS IN MINDOWS IN M	DEASED NK LOMAS TIMORE, MARTLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET AND NUMBER 16.3 CONTROL OR INDUSTRY 11. BIRTHPLACE (Stole or foreign working life, were if ratingly) (IF LOW IN U. S. Armed Forces? IN LOCAL OR CONDITION DIRECTLY LEADING TO DEATH SE OR CONDITION DIRECTLY LEADING TO DEATH SE OR CONDITION IN FORT IN HOSPITAL OR SECURITY NO. 212-03-0030 CAUSE OF DEATH SE OR CONDITION S, I only, giving to above cause (A) stoling the G CONDITION S, I only, giving to above cause (A) stoling the G CONDITION S, I only, giving to above cause (A) stoling the G CONDITION S. I only, giving to above cause (A) stoling the G CONDITION S. I only, giving to above cause (A) stoling the G CONDITION S. I only, giving to above cause (A) stoling the G CONDITION S. I only, giving to above cause (A) stoling the G CONDITION S. CONTRIBUTING THE BUT NOT RELATED TO THE TERMINAL ONLY OF THE PART IN HORSE ADDRESS OF THE STREET AND ADDRESS OR CONDITION TO THE TERMINAL ONLY OF THE STREET OF T	EASED NK LOMAS ITHMORE MARKLAND, WHERE PRONOUNCED DEAD IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NHE MORIAL HOSPITAL IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION NHE MORIAL HOSPITAL IF STREET AND MUSER IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION WIDOWED DIVORCED DIVORCES

BALTIMORE CITY HEALTH DEPARTMENT







7-50	5 01	69 2634 CEPTIFICA	ATE OF DEATH REG. NO	69 2634
P ±	ch ed	BIRTH NO. 1. NAME OF DECEASED		
deat	Su	(Type or Print)	2. DATE AND HOUR OF DEATH	11.31 P
ofo	V 0 .	MAY T. JACKSON 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	Mar. 5, 1969	stitution: residence before admission)
hospita ise of	ance deal	THE NAME OF STREET OF STREET	A. STATE B. COUNTY MD BALTIMORE	2-6-117
3		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		DE CITY LIMITS?
0 0			BALTIMORE	YES 🔯 NO 🗌
ni bi		5313 GWYNN OAK AVENUE	E. STREET AND NUMBER	
h occurred	de de		5313 GWYNN OAK AVEN B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 His.
25.2	regul eased is ma	MARKIED NEVER MARKIED	lost birthday)	Months Days Hours Min.
0 5 E	regrees	FEMALE WHITE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	MAY19, 1873 95	12. CITIZEN OF WHAT COUNTRY?
‡ ,	der in ion	dane during most of working life, even if retired)		
0 0	Un 1s sit	AT HOME 13. FATHER'S NAME	GEORGIA 14. MOTHER'S MAIDEN NAME	USA
_ ± 5	we the	TOTAL		
Z	. e e = =	TODD 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	UNKNOWN 17. INFORMANT	ADDRESS
TA isto	deat deat ce o nal c		DIDDID M. TAGEGOV 5212	CHINA CAR
OR SS	7-54	NO 217-52-5217 CAUSE OF DEAT		APPROXIMATE INTERVAL
MPORTAN r his assistan Iso, if the di	nce nce ende	DISEASE OR CONDITION DIRECTLY	01 00 1.1.1	BETWEEN DIST AND DEATH
Also Also	atte mee	LEADING TO DEATH		1 5 years
		hearl failure, aslhenia, etc. It means the disease,	A CONSEQUENCE OF:	
O in e	3 E G	injury or camplication which coused death.) ANTECEDENT CAUSES		
CT	A fr ho reg	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AL	S A CONSEQUENCE OF:	
ex ex	@ _ E	rise to the above couse (A) stating the	1.0	
DIRECTOR:	_ = ·= vi	UNDERLYING CONDITION last. (C)		
= 0	vsicia was main	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1.1 Ct = 1.0 -	
UNERAL chief med	phy ian e re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	my chair seawns	
A is	od)	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
50 0	hy the	218. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If In Baltimore	City, give exact location)
T 축 =	here here No ph befor	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	office bidg., INJURY OCCUR?	
by	- 3 - T	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not Whi	21F. HOW DID INJURY OCCUR?	
hos	natu ept d (6) aine	OF INJURY (APPROX.) While At Not Whi Work At Work	le 🗌	
P S S	brax x	22. I certify that (1) (this haspital) attended the deceased fram	1	-5 19 6G.
app of	0 4	that (1) (w) last saw the deceased alive an March 5	196. G. and that in (my) (and apin	nian death accurred an the date
0 —		and haur and fram the causes stated above. (1) (#6) (did) (didnot)	(-	
ust be	ospit deat must	23A. SIGNATURE		23 B. DATE SIGNED
must	.= 5 0	Carl L. Mundy M. D DEGREE Ph		3/8/69
	ior ior	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	s # 11
¥ Şi	1) An acc J.A. at a l d prior to approval	FOR L, Chambers M Degree 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CE	100 W. boll spring	Pullo My
certificat body was	0 0 -	REMOVAL (Specify)		y, town, or county) (Store)
This cert	shows: (was D.O decease written	Burial 3-8-1969 Greenmount Ce	metery Baltimore, Mar	yland
This	shows: was D. deceas	MAR 1 1 1969 Reple & Stable Ha	ON A BORDE	4600 Let Holt a-
		VS 150-REV. 1/1/68	The first of the first of	1400 No Figure 02

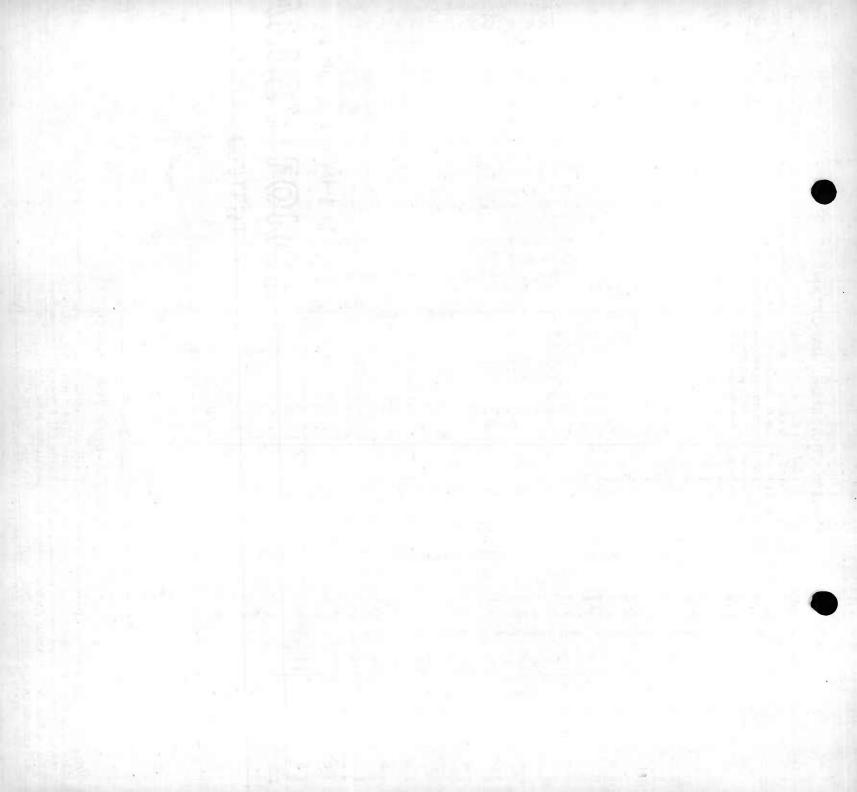
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Ш	CO	BALTIMORE	CITY HEALTH DEPA	RTMENT	X	00	000=
	RTH NO. NAME OF DECEASED	2635 CERTIFI	CATE OF D	EATH	REG. NO	69	2635
(1	rpe or Printly HAINES, O	SCAR LEWIS		2. DATE AND	RCH 7, 19	969	1:45P
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESID	DENCE (Where	deceased lived. If in	nstitution: residen	ce before odmission
H	JLL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	1000000	ND /N	Carroll	IDE CITY LIMITS	56-00
1	ST. AGNES H	OSPITAL	E. STREET AND		21797	YES	ио 🖺
5.	SEX 6. RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRT	H 19.	AGE (In years	li Hadaa 1 Va	16 11 - 1 - 24 11
1	MALE I WILLIE	OWED DIVORCED		llo	st birthdoy	Months Doys	If Under 24 Hrs. Hours Min.
10/	LUSUAL OCCUPATION (Give kind of work 108, 1		USTRY 11. BIRTHPLACE		Country	I CITIZEN C	F WHAT COUNTRY
	RETIRED CARPENTER		MARYLA		Coonly	U.S.	•
	FATHER'S NAME		14. MOTHER'S A				
	EVI HAINES Was Deceased Eyer in U. S. Armed Forces?		AMANDA	(NEE	JENKINS)	HAINES	
(Ye	s, no or unknown! (If yes, give war ar dotes of s	ervicel SECURITY NO.	17. INFORMANT			ADD	RESS
Ш	NONE	215-18-1	776 ST. A	GNES H	OSPITAL F	RECORDS	
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH		DEATH			BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
	(This does not mean the made of dying heart failure, asthenia, etc. It means the d injury or camplication which caused death	(A) IMMEDIATION OUE TO, O	E CAUSE - COLLE	OF: Infa	Rior Tiyou Retion.	CORDINA	***************************************
	ANTECEDENT CAUSES	- A.S.	C.V.) -				
	DISEASES OR CONDITIONS, if any,	giving DUE TO. O	R AS A CONSEQUENCE	OF:			
	nise to the above cause (A) stating UNDERLYING CONDITION last.	g the (C)	***************************************				
ATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMINED TO THE TERMINED OF T	416144					
CERTIFICA	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	NO	? (Yes or No)	OR IF YES, WERE I	FINDINGS CONS USES OF DEATH	PIDERED ?
CAL	21A- A CCIDENT WAS UNDERLYINO OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B PLACE OF INJURY (hame, form, factory, street,)	e.g., in or about 21 C. WH et, affice bldg., INJURY	ERE DID OCCUR?	(If to Boltimore	e City, give exoct	lacation)
MEDI	OF INJURY (Month! (Day! (Year) (Hau			W DID INJUR	Y O C CUR?		
<	(A PPROX.)		While Wark				
	22. I certify that (I) (this hospital) atter	nded the deceased from	MARCH 6	19	69 to MAF	CH 7	10 69
	that (1) (we) last saw the deceased aliv	e on MARCH 7	19 69	and that		nlan death acc	urred an the date
	and haur and from the causes stated ab	ove. (1) (We) (dld) (dld no	at) view the bady aft	er death.			
	23A. SIGNATURE ON aller	m.d.	Attending Me	d. Ste	off IT3	238. DATE SIGN	
	23C. PHYSICIAN'S NAME (Type) Maria ALVAR.	DEGREE	23D. ADDRESS		P; CATON 8	03/07/	
24A			GREE RAITIM		RYLAND 21	229	
	Burial 3/10/1969						
25A	13/10/1/01	AME OF REGISTRAR	emetery 25C. FUNERAL		nfield,C	~~	D KESS
VS	150-REV, 1/1/68		TULDE OF	val UZ, E	Sox 241,	oykesvi	TTE, Md.

solved the finished BUILD AND THE STATE OF THE SECOND

	AME OF DECE	ASED		36 CERTIFICA	2. DATE AN	ND HOUR OF DEAT	TH
	e or Print)		EHRENS		3-	-8-69	12:30 A
3. F		IMORE MARYLAND, W		INCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If	f institution: residence before odmissi
FUI	LL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITU	JTION, GIVE STREET	MARYLAND		6-03
INS	SPITAL OR	ADDRESS OR LOC.	AllON		C. CITY OR TOWN		NSIDE CITY LIMITS?
3	CHURCH	HOME 9	HOSPIT	AL	E. STREET AND NUMBER		YES MO
					132 N. BR	ADFORD 8	T.
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months! Doys Hours! Min
	F	W	WIDOWED	DIVORCED	3-17-17	57	Total San
			k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUN
lone	None	rorking life, even if retired)			MARYLAND		U8A
3.	FATHER'S NAM				14. MOTHER'S MAIDEN NA		
	HEN	RY BEHR	ENS		ELIZABG	FTH ABO	ECL
		Ever in U. S. Armed For (If yes, give wor or dote		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			None	Mrs. Margaret	Feliciano	120 N. Bradland
	18. 😭 🕡 🛭	101		CAUSE OF DEAT	'H		BETWEEN ONSET AND DE
	rise la lhe	R CONDITIONS, if above cause (A)			CHATIC HEART E		
	rise la lhe	abave cause (A) CONDITION lost.		& ATRIAL	FIBRILLATION, MI	TRAC INSU	IFFicleucy
TION	other signification of the design of the des	abave cause (A) CONDITION Iosi, II CANT CONDITIONS CO	slating the	& ATRIAL		TRAC INSU	IFFicleucy
CATIO	OTHER SIGNIFITO THE DEATH	abave cause (A) CONDITION Iosi, II CANT CONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAI	slating the ONTRIBUTING THE TERMINAL RT 1 (A).	CONGE.	FIBRILLATION, MI & TIVE HEART	TRAL INSU FAICURE	IFFicleucy
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SMILET WEIGHT IN ECCES SE GILL IN STATE

	69 2638 BALTIMORE CITY HEALTH DEPARTMENT X 69 2638 CERTIFICATE OF DEATH
11	NAME OF DECEASED
	Type or Print) DAVICE WILLIAM JOSEPH 9 MANGE 60 1230 A
- 11	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	HULL NAME OF OF OFFICE OF INSTITUTION, GIVE STREET OF INSTITUTION, GIVE STREET OF INSTITUTION OF
7	University of Moryland Hosp Battimore YES NO I
	E. STREET AND NUMBER
	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DAYE OF BIRTH 9. AGE (In years last birthday) Months! Doys : Hours : Min.
	WIDOWED DIVORCED 4/7/09
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY
	1Ruck IRIVER buck Imes 100
	3. FATHER'S NAME
	WILLIAM J. VANIE MULLE SRAGG
	S. Wos Deceosed Ever In U. S. Armed Forces? es, nd or unknown) (If yes, give war ar dales of service) ADDRESS SECURITY NO. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	No 237-09-4924 XXXXXXXX 169 Oaklee Village 21229
	GAUSE OF DEATH
	LEADING TO DEATH (A)IMMEDIATE CAUSE WANTEDOWN SRA(N) TUMOR
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease,
	injury or complication which caused death.)
	ANTECEDENT CAUSES (B)
	DISEASES OR CONDITIONS, if any, giving as a line above cause (A) sloting the
	UNDERLYING CONDITION last. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	IN THE DEATH BUT NOT RELATED TO THE TERMINAL
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	21A. ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (II In Boltmore City, give exect location)
- 11	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, farm, factory, street, affice bidg., INJURY OCCUR?
	21D-TIME (Manth) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While At Work
	22. Certify that (1) (this hospital) attended the deceased from 1100 1909 to 9 MARCH 1969
	that (1) (we) lost sow the deceased alive on 19 and that In(my) (our) opinion death occurred on the date
	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	ZIA. SIGNATURE 23B. DATE SIGNED
	Attending Med. Stoff Phys. Attending Phys. Director Phys. Attending Phys. Atte
	23C. PHYSICIAN'S NAME (Type)
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or bounty)
	Puri 21 2 11 CO T 1 T 1
2	A. DATE RECO BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRE'
- 11	Howard H. Hubbard, 4107 Wilkens A

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	e or Print)		ER, XAVER		2. 0	ARCHHOUR, O	1969	1	12:05P
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II HOS	L NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION, GIVE S	STREET	MARYLAND C. CITY OR TOWN		D. INSIDE	5 CITY LIMITS	00
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	MALE	WH I TE	7. MARRIED NEVER MA WIDOWED DIVO	RCED	09/11/05	9. AGE (In lost bighdoy	years	II Under 1 Yr. Months; Days	II Under 24 H
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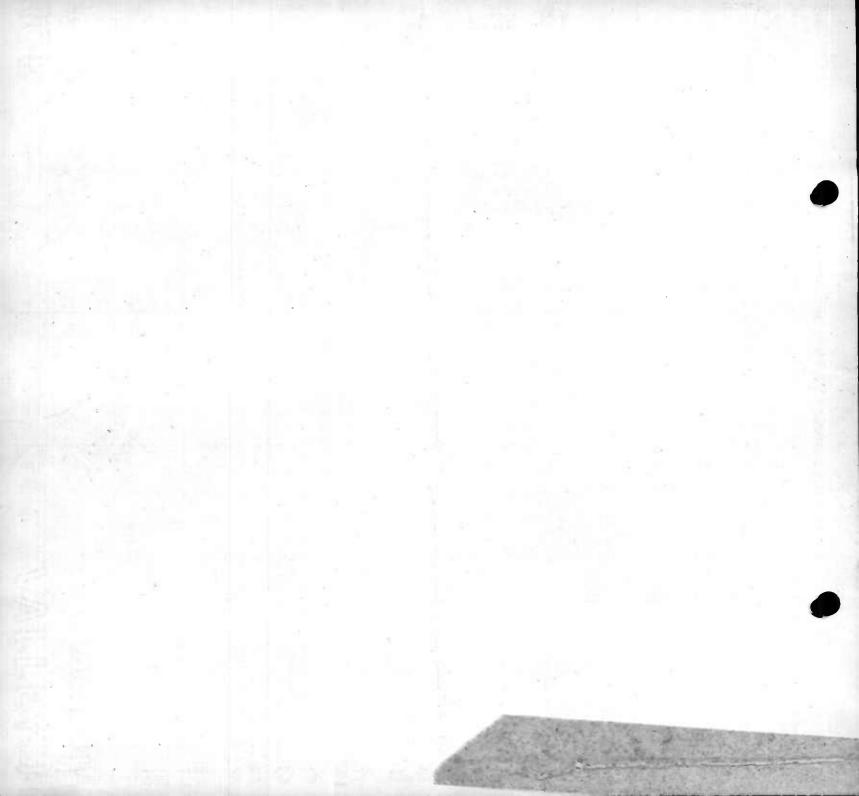
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		Walter S. Andrens Lokerry Keckling
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	ica al cia	(c) Q F MARS CIMMOSIS
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	0 80	22. I certify that (I) (this hospital) attended the deceased from 3/3/ 19 67 to 3/7/ 19 69 that (I) (we) last saw the deceased alive an 3/7/ 19 69 and that In (my) (see) only on death accurred on the determinant
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-	"- > " o ±	BURICA 3-1269 MANOR CEMETERY (hurch AIN FREDERICK M) 25A. DATE RECONT HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR (hours) ADDRESS
	This the I show was dece	A RETICHES OF FREDRICK
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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hearth of the hochital by a medical examiner. Also, is the discense of the chief of the discense of th	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5)	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attenda	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to d	maine are amballmed or final distinct in the Line
	This certificate must be approved by the	shows: (1) An accident of any nature; (2	was D.O.A. at a hospital (except where	deceased prior to death); and (6) No p	Written grantoval miss he obtained her

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and ath the the	BIRTH NO. CERTIFICATE OF DEATH			
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must eleas ccide a hos to de al mu	Lawrence Lolomon MD DEGREE Phys. Med. Director Phys. 3/4/67			
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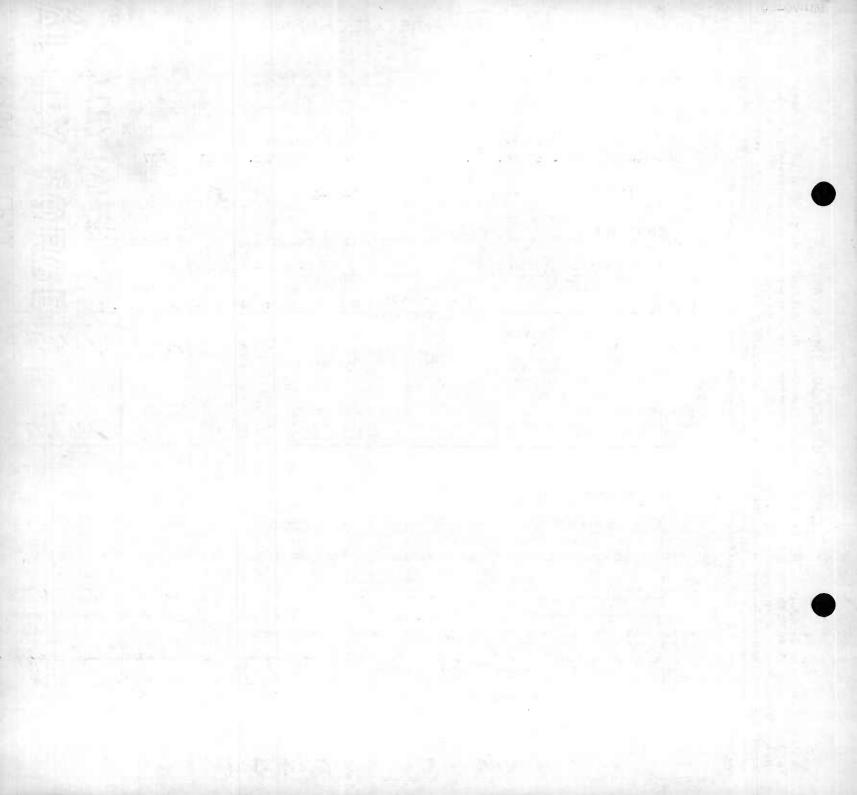
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13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. West Deceased River in U. S. Ammed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. 18. 18. 19.		done during most of working life, even it relired)	6	MSA			
15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give wor or doles of sorvice) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. 18. 18. 19.		12 SATURNIC MAAA	MOTHER'S MAIDEN NAME				
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e.g., heart failure, ashenia, etc. II means the disease, injury or complication which caused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the obove cause (A) stoling the UNDERLYING CONDITION lost. (C) Alcoholic cirches of conditions of the nine part (A) Conditions of the nine part		- Undy Davenport	Dolly PATTON				
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CA Institute Common Co		GAGE OF BEATA					
Complication which caused death		LEADING TO DEATH	Heratic coma				
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UNDERLYING CONDITION last. (c) A consist accurred an the date deceased olive on accurred an the date accurred an		(B) /+ (CONOTIC CINT NOSIS					
UNDERLYING CONDITION last. (c) A condition accused a condition contributing to the terminal disaste or condition given in part 1 [A]. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISASTE OR CONDITION GIVEN IN PART 1 [A]. UNDERLYING CONDITION lost. (c) A condition accused by a condition contributing to the terminal disaste or condition given in part 1 [A]. UNDERLYING CONDITION lost. (c) A condition accused by a condition contributing to the terminal disaster of the terminal		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Incitify medical examines) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID INJURY OCCUR? DEATH Incitify medical examines) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While At Work 22. I certify that (1) (this hospital) attended the deceased fram 19	-110						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID Nor CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID Nor CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID Nor COUR? DEATH Inotify medical examines) (II in Boltimore City, give exact location) otc.) 21D. TIME (Month) (Doy) (Yee) (Hour) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR? While At Work 19 and that (I) (This hospital) attended the deceased fram 19 and that in (my) (our) opinion death accurred an the date		O THE DEATH BUT NOT RELATED TO THE TERMINAL (ACT bleeding analy due of the seminal)					
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH? 21D. TIME (Month) (Doy) (Yeo) (Hour) 21E INJURY OCCURED OF INJURY OCCUR? 21D. TIME (Month) (Doy) (Yeo) (Hour) 21E INJURY OCCURED While At Work Not While At Work Not While At Work Not While 19		U 194. DATE OF OPERATION 1198 CONDITION CON WHICH CONTINUE	20A. AUTOPST? (Yes or No! 208, IF YES, WERE FIN	IDINGS CONSIDERED			
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH inotify medical examined Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office bldg., INJURY OCCUR? Death inotify medical examined home, form, foctory, street, office		WAS FERFORMED	IN CERTIFIENG CAUS	ES OF DEATH?			
While A! Not While Capper Capp		OR CONTRIBUTING CAUSE OF home, form, foctory, street, office of	t obout 21C. WHERE DID (II In Boltimore C	City, give exect location)			
22. I certify that (1) (this hospital) attended the deceased fram 3/5 19 that (1) (this hospital) attended the deceased fram 19 that (1) (this hospital) attended the deceased f		S OF INJURY	21F. HOW DID INJURY OCCUR?				
that (1) (we) last saw the deceased alive on		Work At Work					
		Man Martin Man					
II PIN HOVE UND TON THE COUSES STORED CHOVE, (1) (Well(A)A) (A)A not) when the Late after Jane							
23A. SIGNATURE 23B. DATE SIGNED.							
Attending Med. Staff X 3/7/9							
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS							
Stuart Victor Grandis DEGREE University Nospital							
24C. NAME of CEMETERY OF CREMATORY 24D. (City, town, or county) (Stote)		24A. BURIAL CREMATION, 24B. DATE 24C NAME of CENASTERY of CREATE	ATORY 24D. OCATION (City,				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. PUNERAL DIRECTOR'S ADDRESS			The server 1 400 12 14	CLANT MICH			

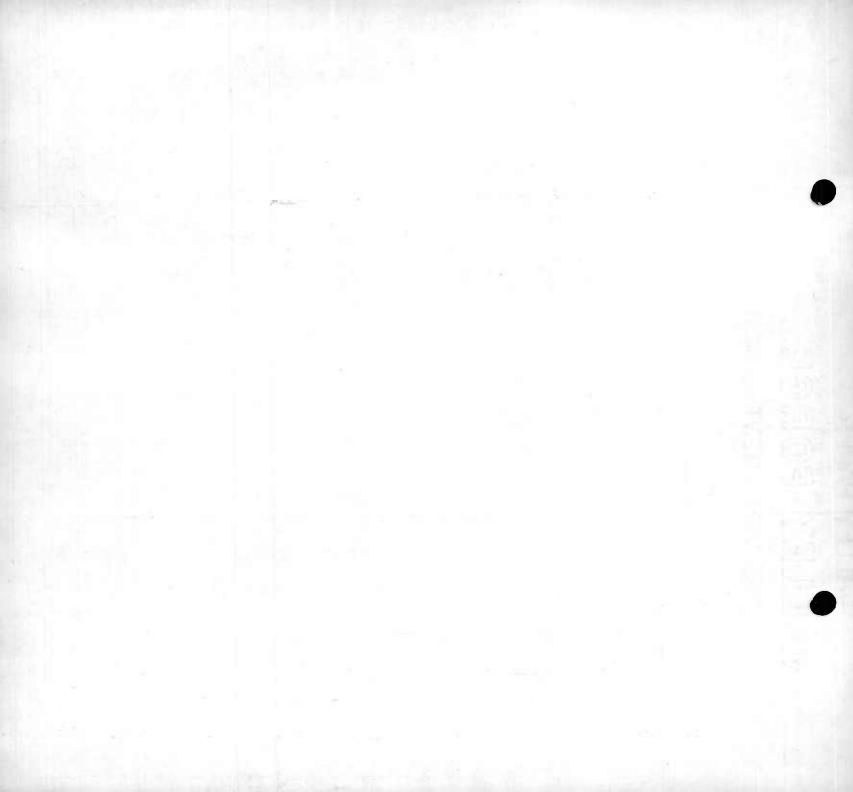


D BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 69 2644 CERTIFICATE OF DEATH REG. NO. 69 2644
1. NAME OF DECEASED CONTROL RUMPF 2. DATE AND HOUR OF DEATH Waren 10, 1969 6 54 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
Baltimore YES X NO
8\24940 Eastern Ave. Balto. Md. 21224 F. STREET AND NUMBER 7722 Gough St. 21224 007 5 3
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min.
Male White WIDOWED DIVORCED 1-02-10 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME
GEORGE RUMPF LUCILLE SMITH
15. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknawn) (If yes, give war or dates af service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
UNK BCH Records: 4940 Eastern Ave. 21224
18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE CAUSE CONTRIBET (A)IMMEDIATE CAUSE CONTRIBET (A)IMMEDIATE CAUSE
(This does not mean the mode of dying, e.g., DUE TO OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, il ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
rise to the obove cause (A) stating the UNDERLYING CONDITION lost. (C) EMPHYSemH 20 4R
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
DEATH (natify medical examiner)
(APPROX.) While At Not While At Work
23A. SIGNATURE 23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Jype) 23D. ADDRESS Baltimore City Hospitals 21224
Hubert W. Gerry DEGREE 4990 Eastern 1714, Dall-
24A. BURÍAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 3/13/69 OAK LAWN BALTO. M.D.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MAR 1 1988 1 9 5 9 6 MACE TO GO COMMELLY SONS 300 MACE
MAR 1 1808 (1095 S. S. Dimen) I GO COMBELLY SONS 300 MACE



BIRTH NO. 132 55 773 2645 CERTIFICATE OF DEATH REG. NO. 69 2645 LINAME OF DECEASED (Type or Paint) Bay Gif Tinker, Twin 13 1169 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION! TOUCH HOPPING HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION! TOUCH HOPPING HOSPITAL OR INSTITUTION, GIVE STREET IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Shite or folesign country) Months: Days House; Min 103, Was Deceased Ever in U. S. Armed Foices? (Yes, no or unknown) (Iff yes, give wor or doles of service) IS. Was Deceased Ever in U. S. Armed Foices? (Yes, no or unknown) (Iff yes, give wor or doles of service) DISEASE OR CONDITION DIRECTLY APPROXIMATE INTERVALED CAUSE OF DEATH APPROXIMATE INTERVALED APPROXI								
The state of the s								
FULL NAME OF ADDRESS OR LOCATION INSTITUTION, GIVE STREET A STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS?								
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION INSTITUTION								
HOSPITAL OR INSTITUTION TOUR HOSPIT								
E. STREET AND NUMBER 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthday) 10. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANY ADDRESS TOWN HOLLS 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY APPROXIMATE INTERVALE BETWEEN ONSET AND DEF								
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years list though Manths) Days Hours Min Doys Hours Mi								
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foleign country) 12. CITIZEN OP WHAT COUNT WAS PROXIMATE INTERVAL SECURITY NO. 15. Wes Deceased Ever in U. S. Armed Foices? (Yes, no of unknown) (If yes, give wor or dotes of service) 18. OR OF DEATH 18. OR OF DEATH 19. OR OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEF	9							
dane during most of working life, even if refired) NOW 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Wes Deceased Ever in U. S. Armed Foices? (Yes, no at unknown) (If yes, give wor or doles of service) 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY 12. CITIZEN OF WHAT COUNT 12. CITIZEN OF WHAT COUNT 17. INFORMANI ADDRESS TOLUM HOPKWAY APPROXIMATE INTERVA BETWEEN ONSET AND DEATH								
15. Wes Deceased Ever in U. S. Armed Foices? (Yes, no of unknown) (If yes, give wor of doles of service) 16. SOCIAL SECURITY NO. WORLD 17. INFORMANT SECURITY NO. WORLD 18. CAUSE OF DEATH APPROXIMATE INTERVA BETWEEN ONSET AND DEF								
15. Wes Deceased Ever in U. S. Armed Foices? (Yes, no of unknown) (If yes, give wor of dotes of service) 16. SOCIAL SECURITY NO. WORLD 17. INFORMANT TOWN HOPKING TO THE SECURITY NO. WORLD 18. 18. 7 APPROXIMATE INTERVALED TO THE SETWEEN ONSET AND DEFINE ONSET								
15. Wos Deceased Ever in U. S. Armed Foices? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. FOLIA SOCIAL SECURITY NO. FOLIA SOC	2							
Tolus Hopking 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVA BETWEEN ONSET AND DEA	5							
DISEASE OR CONDITION DIRECTLY DO DISEASE OR CONDITION DIRECTLY								
DISEASE OR CONDITION DIRECTLY	5							
LEADING TO DEATH	3							
1This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
injury or complication which caused death.)								
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	3							
INDEDIVING CONDITION IN								
ONDERLING CONDITION last (C)								
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A)								
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994- DATE OF OPERATION 1198- CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED								
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO.								
OR CONTRIBUTING CAUSE OF location foctory, street, office bldg, INVIEW OCCUPY								
(APPROX) White At my Not White my								
Work At Work								
that (we) last saw the deceased alive on 1969 and that in (our) apinion death occurred on the deceased.								
and hour and from the causes stated abave. (D (We) (did) (delinet) view the body after death.								
23A. SIGNATURE								
DEGREE Phys. Director Director 311169								
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS								
L. M. Schmidt, MD. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (Stotel								
Cremation 3/11/69 The Johns Hopkins Hosp. 601 N. Broadway, Balto, Md.								
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS								
VS 150-REV. 1/1/68								



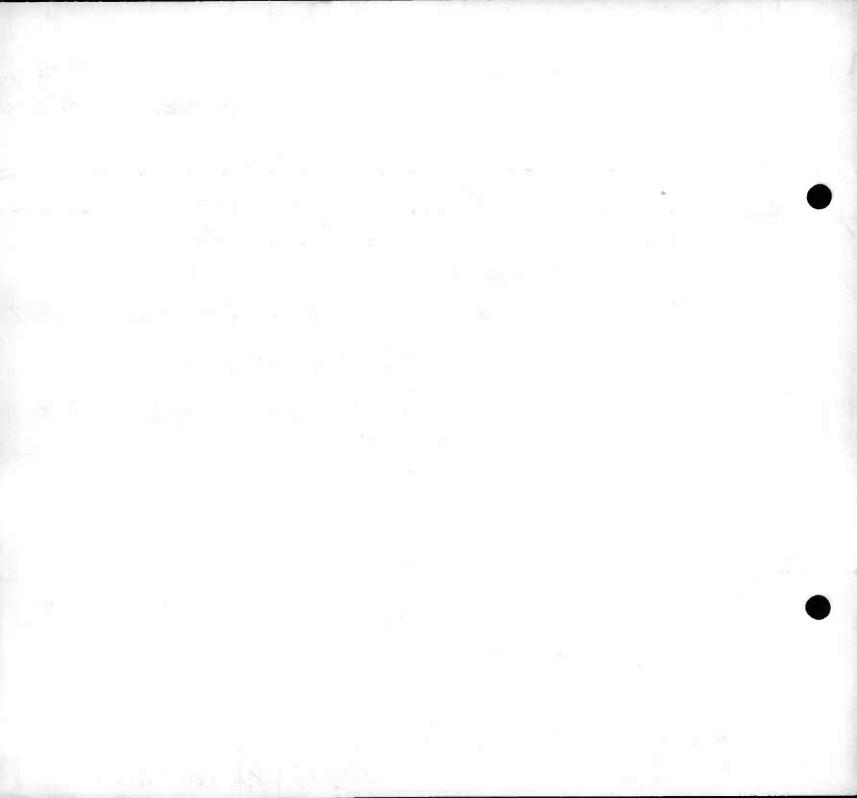




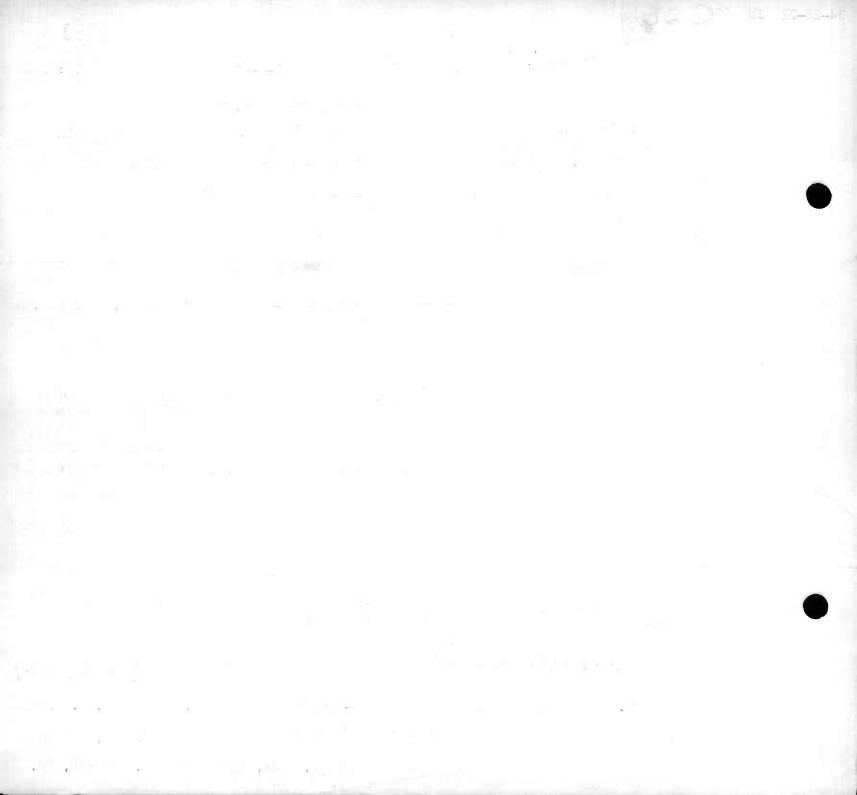
BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/68

3 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) D. INSIDE CITY LIMITS? YES 4 NO If Under 1 Yr. If Ur Months! Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (Il In Boltimore City, give exact location) and that In(my) (aur) apinian death accurred on the date 23 B. DATE SIGNED (City, town, or county) (Stote) ADDRESS



1 =	69 2649 BALTIMORE CIT	Y HEALTH DEPARTMENT				
	I BIRTH 140.	ATE OF DEATH REG. NO. 69 2649				
2	I. NAME OF DECEASED (Clara) . Eunice D. Carter	2. DATE AND HOUR OF DEATH				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence belore admission)				
3	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland Baltimore				
2	UNIVERSITY OF MARYLAND HOSPITAL	Dundalk YES NO X				
	University of Md. Hospital	3425 Cornwall Rd 5300				
made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED					
	Temale white WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.				
n is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)					
disposition	Bookkeeper	West Virginia USA.				
pos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
dis	15 Was Decreed Fundant II & Amel Form 2	Georgia Shank				
final	(Yes, no or unknown) (If yes, give wor or doles of service) No 16. SOCIAL SECURITY NO. 229-18-6831	Mrs. Howard T. Shupe, 3425 Cornwall Rd.				
0	18. 7 3 4 / 1 2 3 0 9 CAUSE OF DEA					
P	LEADING TO DEATH	Enflomatosis Dissaminatus BETWEEN ONSET AND DEATH				
embalmed	IThis does not meon the mode of dying, e.g., heart failure, asthenia, etc. II meons the disease, injury or complication which caused death.)	SA CONSEQUENCE OF:				
	ANTECEDENT CAUSES					
1s are	DISEASES OR CONDITIONS, if any, giving ise to the obove cause IA) stoling the UNDERLYING CONDITION lost.	S A CONSEQUENCE OF:				
remains	z II					
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL CONDITIONS TO T	s Mellitus Years				
th o	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
before	OR CONTRIBUTION OF	In or about 21C. WHERE DID office bidg., INJURY OCCUR? (If In Baltimore City, give exact location)				
ained	DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) OF INJURY While At	21F. HOW DID INJURY OCCUR?				
G	(APPROX.) Work At Work					
opt	22. I certify that (1) (this haspital) attended the deceased from	2// 19 69 ta 3 / 9 19 62				
be	that (!) (we) last saw the deceased alive an	19 67 and that in(my) (aur) apinion death accurred an the date				
must	and haur and fram the causes stated above. (1) (We) (did) (did not)	view the bady after death. 238. DATE SIGNED				
	Josel M. Cherry, M.D DEGREE Phy	ending Med. Staff				
8	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS				
E .	Use M. Cherry, M.D. DEGREE					
	24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY OF CR REMOVAL (Specify) 3/13/69 Woodlawn Cemeter					
written	Burial 3/13/69 Woodlawn Cometer 25A. DATE REC'O BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Mercer County, W. Va.				
3 3	MAK 12 1909 (1956 - 42 Byra	John J. Dudar 7922 Wise Ave. Dundalk, Md.				



-ral	69 2651 BALTIMORE CITY HEALTH DEPARTMENT
530	CERTIFICATE OF DEATH
and ath se th th	BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
de de ce	(Type or Print) WILLIAM J. SMITH WILLIAM J. SMITH All USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
the Do	A. STATE B. COUNTY
Se Se de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MD, BALTIMORE HOSPITAL OR ADDRESS OR LOCATION) CITY OR TOWN
a h a d e; e e; h d	HOSPITAL OR NOTION MELCHOR NURSING HOME C.CITY OR TOWN WHITE MARSH YES NO 1
in gards	2) 3 27 AL CHARLES ST. E. STREET AND NUMBER
Paris a	BALTIMORE 21218, MD. 701 GAYLORD ST. 5300
be d d	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
mi mi egu	MALE WHITE WIDOWED DIVORCED FEB. 14, 1886 83
recedence	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
de inde	RETIRED CHES, BAY PILOT BALTIMORE, MP, U.S,A.
de Cura	13. FATHER'S NAME
ire (4)	JOHN SMITH SUSANNE BOZMAN
ath orth	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT TO I GAYLORD ST.
kinde de	NO NONE MRS. KOBERT MALLONEE WHITE MARSH, ME
if if if if if if if	CALISE OF DEATH
his of of or un ten	DISEASE OR CONDITION DIRECTLY Chronic Lymphocytic Louhonia 3 years
A P P E	(This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
er. ctu	heart failure, osthenia, etc. It means the disease, injury or camplication which coused death.)
fra fra	ANTECEDENT CAUSES
X A A W A W Lee	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the
an in	UNDERLYING CONDITION last. (C)
dicalical ins; ins; vas	Z OTHER SIGNIFICANT CONTRIBUTING DIS LAT. MOLLST. Consed 100
me bur hys	P TO THE DEATH BUT NOT RELATED TO THE TERMINAL
dy dy he he	
ch Bo Bo th th	
E _ : : =	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?
N P P P P P P P P P P P P P P P P P P P	DEATH (notify medical examiner) O 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
osp (6)	While At Not While
e h	1000
th th	22, I certify that (I) (this hospital) attended the deseased from 19 to 19 to 19 to 19 that (I) (we) lost sow the deceased alive on 19 to 19 ond that in (my) (conceptation death occurred on the date
0 9 - 3	and haur and from the causes stated abave. (1) (10) (did) (did not) view the bady after death.
sec sent spir	23A. SIGNATURE) 23B. DATE SIGNED
3 0 0 2 2	The former Mr. Scores Phys. Med. Director Phys. 3/8/69
ac ac	PSC. PYSICIAN'S 1 M 7: MD 3 903 H C 1 R1 B 1H MI
Vas Vas An Pric	1) Loy 11. 21mmermanner Java Narrord 10. Dallimery 100.
A.O. A.	24A. BURIAL CREMATION (4B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Style) BURIAL 3-12-69 OAK LAWN CEMI 7225 EASTERN BLVD. BA.Co., MD
Dod Ser	BURIAL 3-12-69 OAK LAWN CEMI 7225 EASTERN BLVD. BA.Co., MO
his hov hov ras	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 901 S. CONRORESING ST
F + 0 \$ 0 3	VS 150-REV. 1/1/6B
	ipproved by the chief medical examiner or his assistant if death occur of the hospital by a medical examiner. Also, if the direct or contrib any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermin (except where the physician who pronounced death was in regulary; and (6) No physician was in regular attendance on the deceased e obtained before the remains are embalmed or final disposition is ma

Back of the Contract ADDINGHARLES ST. BALTIMERS SINIB; ND MALE WHITE 14.5.41 E . S. E DILLE MINES COLLEGE Charles to July 3 ALTER 12 - 11 11 11 11 11

This death occurred on exclusive Federal jurisdiction property, therefore it is not a medical examiner case.

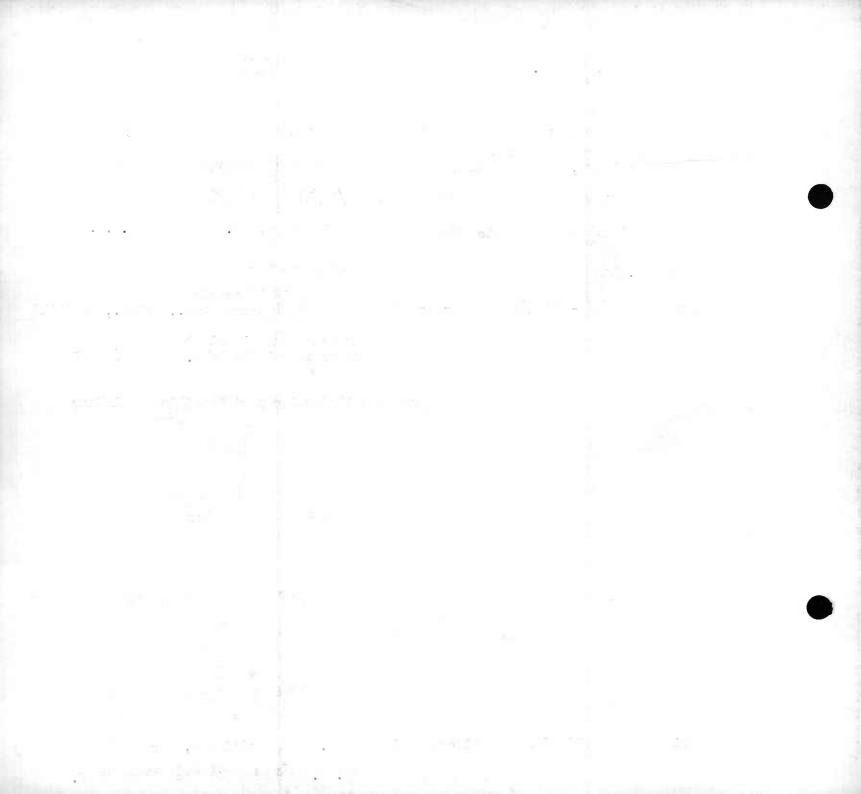
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9 2652 BALTIMORE CITY HEALTH DEPARTMENT

			MEI	DICAL	EXAMIN	VER'S	CERTIFIC	CATE OF	DEAT	Н	69	2652	
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	NAME OF DEC	EASED					2. DATE	Known 😾	Month	Doy	Yeor	Hour	
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	Male	Whit		WIDOV		VORCED 🗌	Balt			1	ES X	NO .	
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8	ZOA. DATE OF	OPERATIC	JN 1208. CC	NOIIION	FOR WHICH OP	ERAHON W	AS PERFORM	ED				OPSY? (Yes or No	")
	9										1	lone	
CAL		NAL CAUS			22B. PLACE OF home, form, foctor	INJURY (e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimo	re City, give ex	coct location)		
EDIC,	UNDERLYING UTING CA				nome, form, focio	Home	- 1	Quarters,	Fort	Holabir	d Mar	wland '	2122
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	NAME (T		arv Eh	flich	. M.D.			cting At			3/1	0/69	
24	BURIAL CRE	MATION,	24B. DATE		24C. NAME o	EMETERY			LOCATION		vn, or county		
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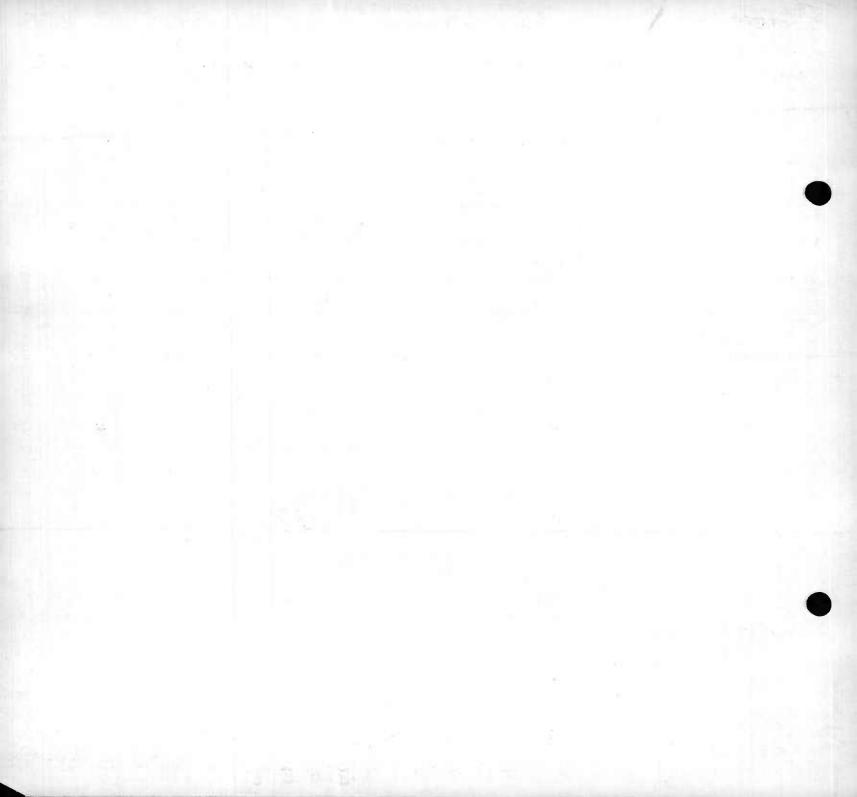
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			00 %	SU.	BALTIMORE CITY	HEALTH	DEPARTMENT			
D.:	CERTIFICATE OF DEATH REG. NO. 69 2653									
1,1	NAME OF DECEASED									
(iy	LAM, Boyd W.						3/7/	69		1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whe									n stitution:	residence before admission
H	LL NAME OF OSPITAL OR STITUTION	(IF NOT IN H	OSPITAL OR IN	ISTITE	UTION, GIVE STREET		aryland OR TOWN	D 101	IDE CITY	11447752
-		terans Ad	ministra	ati	on Hospital	11	altimore	D. 114.	YES 7	
4		900 Loch R			-		T AND NUMBER			
	R:	ltimore				33	342 Dudley	Avenue	6	1633
	SEX	6. RACE	7. MARI	CIED [8. DATE		9. AGE (In years lost birthdoy)	If Und	er 1 Yr., If Under 24 Hrs
	Male	White	WIDO	WED	DIVORCED .	7/2	29/16	52	Months	Doys Hours Min.
OA on	USUAL OCCU	PATION (Give kind o	of work 10B, KIN	D OF	BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State or fore	ign country)	12. CI1	TIZEN OF WHAT COUNTR
1	Lineman(a	assembly)	118	uto		Harı	risonburg,	Va.	U	·S.A.
3.	FATHER'S NAM	AE.				14. MOT	HER'S MAIDEN NA	ME		
	Edward I	l. Tam				Sa	lly Mae Lar	n		
	Wos Deceased	Ever in U. S. Arma	d Forces?		1 6. SOCIAL	17. INFO	MANT			ADDRESS
C				cel	SECURITY NO. 218-03-2321		Hospital			
_	Yes	3/8/45 -	0/21/40		CAUSE OF DEATH	30	900 Loch Ra	aven Blvd.,	Balto	o., Md 21218
	1 9 6	OR CONDITION	N DIRECTIV		CAUSE OF DEATE	-	nchopneumor	ada and mlad		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		LEADING TO DE					er and mide			3 Days
	(This does no	I mean the mod	e of dying,	e.g.,	DUE TO, OR AS A	CONSEC	UENCE OF:	TTG TODE		7 2003 5
	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)									
	A	NTECEDENT CA	USES		Squamous	cell	Carcinoma	rt Tonsill	a	1 Year
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS						QUENCE OF:	Fos		2 1000
	rise to the	obove cause	(A) stating	lhe	4-3			100	Ju	
	UNDERLYING CONDITION last. (C).									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
=	TO THE DEATH	BUT NOT RELATED	TO THE TERMIN	IAL	************************					
CERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B- CONDITION FOR WHICH OPERATION WAS PERFORMED						UTOPSY? (Yes or No	208, IF YES, WERE IN CERTIFYING CA	FINDING: USES OF	S CONSIDERED DEATH?
. 1	21 A. A CCIDEN	T WAS UNDERLY	NG	21B.	PLACE OF INJURY (e.g., in	or obout	IC. WHERE DID		re City, giv	ve exoct location)
	DEATH (notify	medicol exominer)		efc.)	e, form, foctory, street, offi	ice bidg.	MJORT OCCUR!			
5	21D. TIME	(Month) (Doy) (Yeorl (Hourl	21 E,	INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?		
	OF INJURY (APPROX.)			Whil	e At Not While		-			
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					Marsah 7th					
					March 7th	19_	ond the	ot in (xãã)€) (our) opi	nion dec	oth occurred on the dot
	and haur and 23A. SIGNATUR	from the causes	stated above	e. (])	(Me) (q1q) (303C)933X ^1	ew the b	ody after death.			
	A.	. 1	1.4	0	Atten	dina 🗂	Med.	Shoff CT		TE SIGNED
DEGREE Phys. Director Phys. A								18/01		
	NAME (Ty	pe)	U			3D. ADDR	3900 L	och Raven B	oulev	ard
	RONICA				MD DEGREE		Baltimo	re. Marylan		
A	REMOVAL (S	ATION, 248 DAT	E 240	C. NA	ME of CEMETERY OF CREA	MATORY	24D. LC		ty, town,	
	Burial	3/:	10/69	Bal	ltimore Nation	al Ce	m. B	altimore, M	a mrl o	nd
	. DATE REC'D	BY HEALTH DEPT.	258. NA	AE O	FREGISTRAR		UNERAL DIRECTOR	wa vanior of I	WE A T G	ADDRESS
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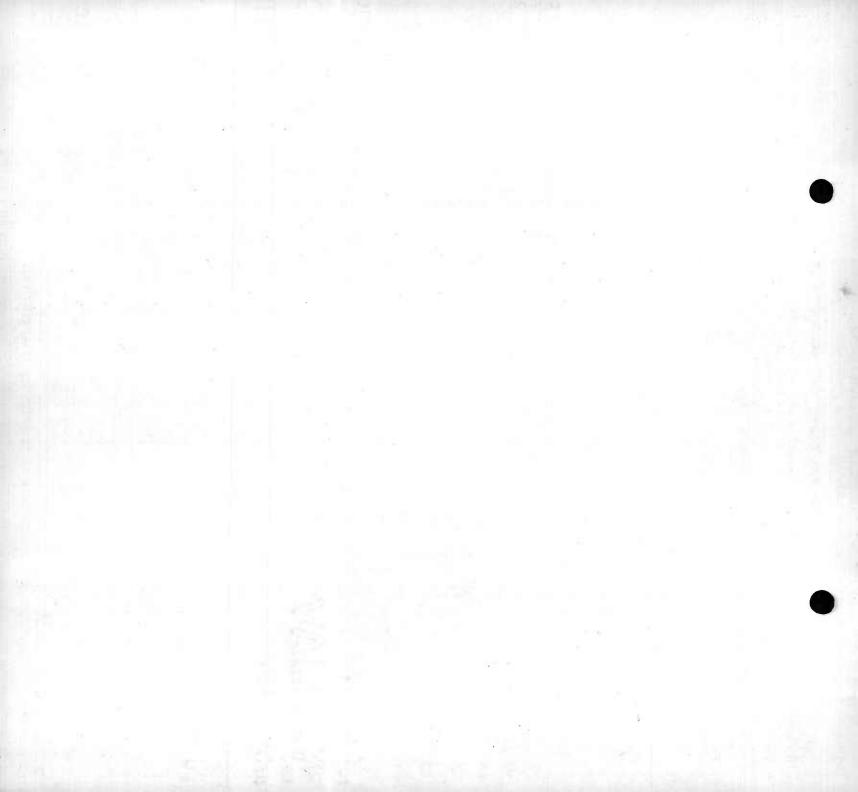
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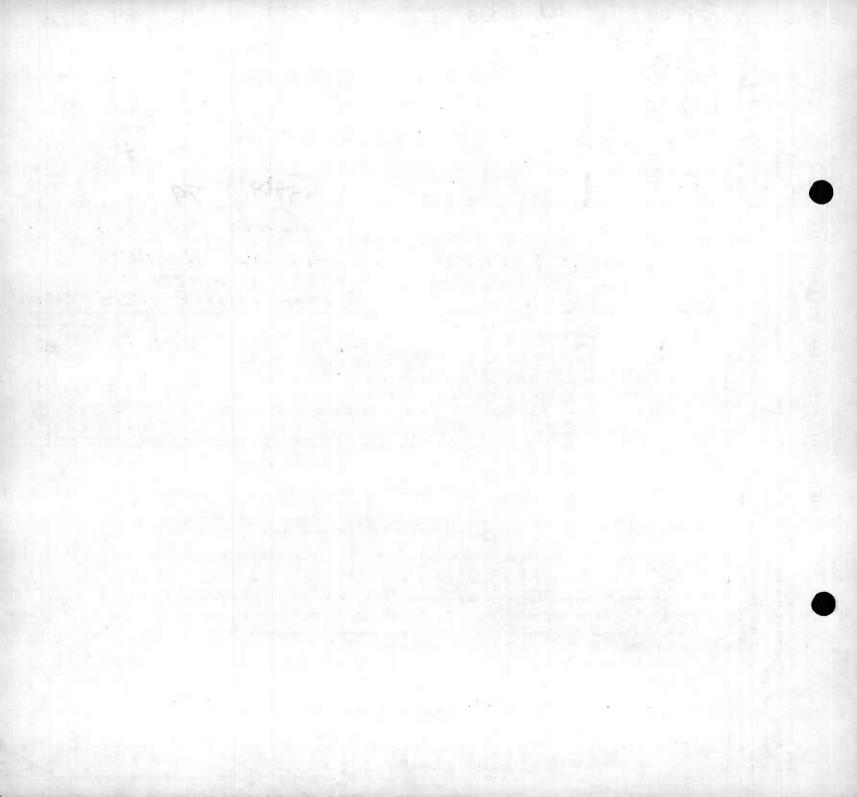
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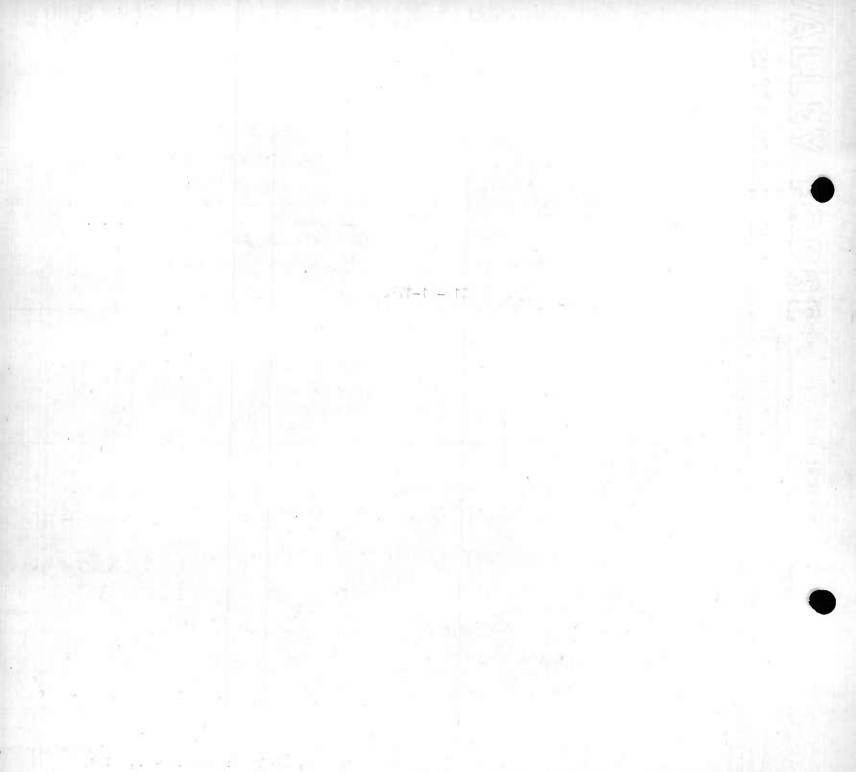


	CEPTIFIC	CATE OF DEATH REG. NO. 69 265
	RTH NO. AWNA CERTIFIC	
	ype or Print 21 100 Stanley	2. DATE AND HOUR OF DEATH 9 100 3-9+69
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PROYOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence Before (A, STATE // B, COUNTY
FU	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md
	ISTITUTION CONTROL ADDRESS ON ESCATIONI	C. CITY OR TOWN. B. Allimore D. INSIDE CITY LIMITS? YES NO
10	MI Sidai Cono. Home	E. STREET AND NUMBER
	SEX 6. RACE 7. MADDIED NEVED MADDIED	1315 E Biddle 57 100
•	FEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 1 Yr. Hours Hou
	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
do	ne during most of warking life, even if retired)	CAMBRIDGE Md. In Sh
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	AARON CORNISH	ALVERTA HUGHES
Υ.	Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT DAUGHTEN ADDRESS BERTINA CHAPPLE 1315 F Bis
	18. ZA 2 4 1 CAUSE OF DE	10001. 1.
	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last. (C)	AS A CONSEQUENCE OF:
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIFIC		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	g., in or about 21 C. WHERE DID office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)
MEDI	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
~	(APPROX.)	ork L
	22. I certify that (1) (this haspital) attended the deceased fram—that (1) (we) last saw the deceased alive an	1969 and that in (my) (aur) apinian death accurred an
	and haur and from the causes stated above. (I) (We) (did) (did nat	
	23A. SIGNATURE	23B. DATE SIGNED
	le 31/Callens DEGREE	Attending Med. Staff Director Phys. 3/10/69
	230/PHYSICIAN'S NAME (Type)	6600 PACIC HYS AY
24	Edward S. Kallins, M.D. A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERY of	REE
	REMOVAL (Specify)	On A Our pullar. A
25	A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	200 FUNERAL DIRECTOR ADDRESS
	MAR 12 1909 (12/05/2. January)	Skiay Exission our Buinter
	150-REV. 1/1/6B	



BALTIMORE CITY	HEALTH DEPARTMENT		u
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ir Tinker, Pwin	B	311169	1;00Am
ITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUN Maryland	Balh more	ution: residence before odmission)
u Hospital	E. STREET AND NUMBER	D. INSIDE	CITY LIMITS?
7- MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
THE TOP STATE OF THE STATE OF T	Marylan	2	12. CITIZEN OF WHAT COUNTRY?
	14. MOTHER'S MAIDEN NAI		
les of service) 1 6. SOCIAL SECURITY NO.	LM Schmi		hur Hopkine Hosp.
CAUSE OF DEATH IRECTLY If dying, e.g., s the disease, CAUSE OF DEATH (A) IMMEDIATE CAU DUE TO, OR AS A	raturity		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I W S 4 mm
d death.) S any, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:	**************************************	***************************************
sloling the (C)			
ONTRIBUTING THE TERMINAL RT I (A).	577-070-071-0073-0070-07-07-07-07-07-07-07-07-07-07-07-0	***************************************	***************************************
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home, form, foctory, street, off	ice bldg. INJURY OCCUR?		ity, give exact location)
(Hour) 21E INJURY OCCURRED While At Not While At Wark	21F. HOW DID INJU	JRY OCCUR?	
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ted obave. (We) (dld) (did not) vi	ew the body ofter deoth.		
Alten Phys.	Med. Director 3D. ADDRESS	Shaff Shaff	3/11/69
t, MD.	The Johns Ho	pkins Hospi	ital
24C. NAME of CEMETERY OF CRE			own, or county) (State)
69 The Johns Hopk		N. Broadwa	ay, Balto., Md.
258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	HELDE DEL	ADDRESS





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31-43-37 15	5-360 69 2661 CERTIFICATE OF DEATH REG. NO. 69 2661
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spifa of of of orce oeath.	A. STATE 8. COUNTY
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ed ir ting d cau r att prior e.	3/ BALTIMORE, MARYLAND 21224 4940 EASTERN AVENUE 21224 26/2
ibutine	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9, AGE (In yeors lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
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00 - 0	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY?
o e i e c	done during most of working life, even if retired) SEA MAIN AT SEA MARYLAND BALTI MORE USA
Po P	DEAMAN HT SER MARYLAND DALL MOTHER'S MAIDEN NAME
T t if deather rect or (4) Unde was in the de ispositio	13. FATHER'S NAME
F : 52 + 8	I LAHN DWINERSKI FRANCES COLE
AN stant ind; eath	1S. Was Deceased Ever in U. S. Armed Forces? (Yes, no by unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
RTAI ssista the the dea dea nce final	(Yes, no w unknown) (If yes, give wor or dotes of service) SECURITY NO. 076-12-84) 9 RECORDS-BCH-4940 EASTERN AVENUE, BALTIMORE, MD
	18. / CAUSE OF DEATH
o s i i a	BETWEEN ONSET AND DEATH
A Long Son Land	DISEASE OF CONDITION DIRECTLY
Also Also antime att	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) CAUSE (B) CAUSE (C) CAUSE (C
R: Ber. Ctu	heort foilure, osthenio, etc. It means the disease, injury or complication which coused deoth.)
OR nine ner act	ANTECEDENT CAUSES Provide Change In Concluding
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A Sedie	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
E P P P P P P P P P P P P P P P P P P P	■ I DISEASE OR CONDITION GIVEN IN PART 1 (A).
Hicia de le Entre de la Company	198. CONDITION FOR WHICH OPERATION YES IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUNER le chief I by a m 2) Body e the p physicia	YES
_ F_33 F F#	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (It in Baltimore City, give exact location) home, form, factory, street, office bldgs, [INJURY OCCUR?]
	DEATH (notify medical examiner) etc.)
20 5 70	W OF INTITION
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	that (1) (we) last saw the deceased alive an
	and haur and fram the causes stated abave. (IX(We) (did) (did nat) view the bady after death.
iust be leased ident hospit o deat	23A. SIGNATURE
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9 9 9 6 9	23C. PHYSICIAN'S 23D. ADDRESS
ificate y was r 1) An a 3. A. at a d prior	NAME TYPE OF FRATERRICES MD BARRICE LOSP. Bullo MD
certificat sody was s: (1) an D.O.A. at ased pric	24A. BURIAL CREMATION, 24B. DATE 24C,NAME of CEMETERY of CREMATORY 24D. CCATION (City, fown, or county) (Stote)
E B O o e	KEMOVAL (Specify)
S o o o	BURIAL 3-12-67 Flory ROSARY CENTIFRY DALTIMORE MARYLAND
This cer the bod shows: was D.(2SA, DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 25C. FUNERAL/DIRECTOR ADDRESS
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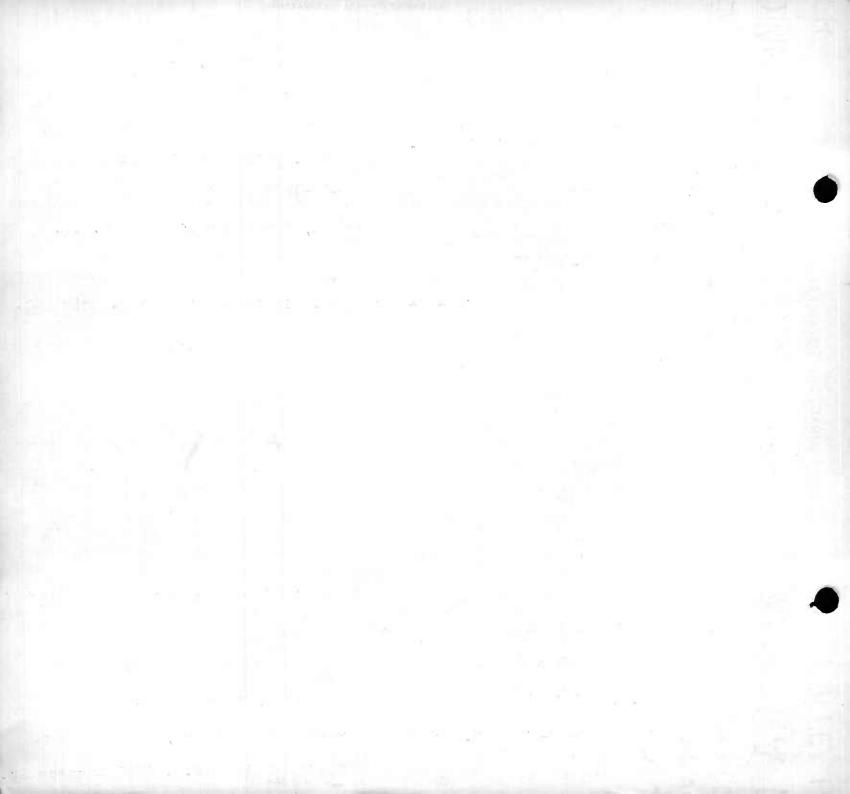
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	69						
DIPELL ALO		268	CERTIFICA	TE OF DEATH	REG. NO	69 266	
BIRTH NO.	ASED			2. DATE AND	HOUR OF DEATH		
Type or Print)	ROBERT	JONES		Marc	h 10, 1969	9	
B. PLACE IN BALTI	MORE MARYLAND, W			4. USUAL RESIDENCE (Where	deceased lived. If ins		are admissio
FULL NAME OF	HE NOT IN HOSPIT	AL OR INSTE	TUTION, GIVE STREET	MARYLAND			
HOSPITAL OR	ADDRESS OR LOCA	ATION)	TO HOTE, GIVE STREET	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?	
	SINIA NUR	RSING	HOME	BALTIMORE		YES 🔀 NO	
90	4613 Park	. Heig	hts Ave.	803 N. Bric	e Street	1604	
· SEX	S. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9	. AGE (In years ost birthday)	If Under 1 Yr, If Months Days Hou	Under 24 H
Male	Negro	WIDOWED	DIVORCED X	2-10-1894	75		
		108. KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WH	AT COUNT
Retire	orking life, even if retired)			Macon, North	Carolina	U.S.	A.
3. FATHER'S NAM				14. MOTHER'S MAIDEN NAM		0000	
ROF	BERT B. JON	IES		MARY JO	NES		
. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
es, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.				
18.77 3			220-05-0319	H Mrs. Pinkie	Rankin 80	03 N. Bri	ce St
Α						1	
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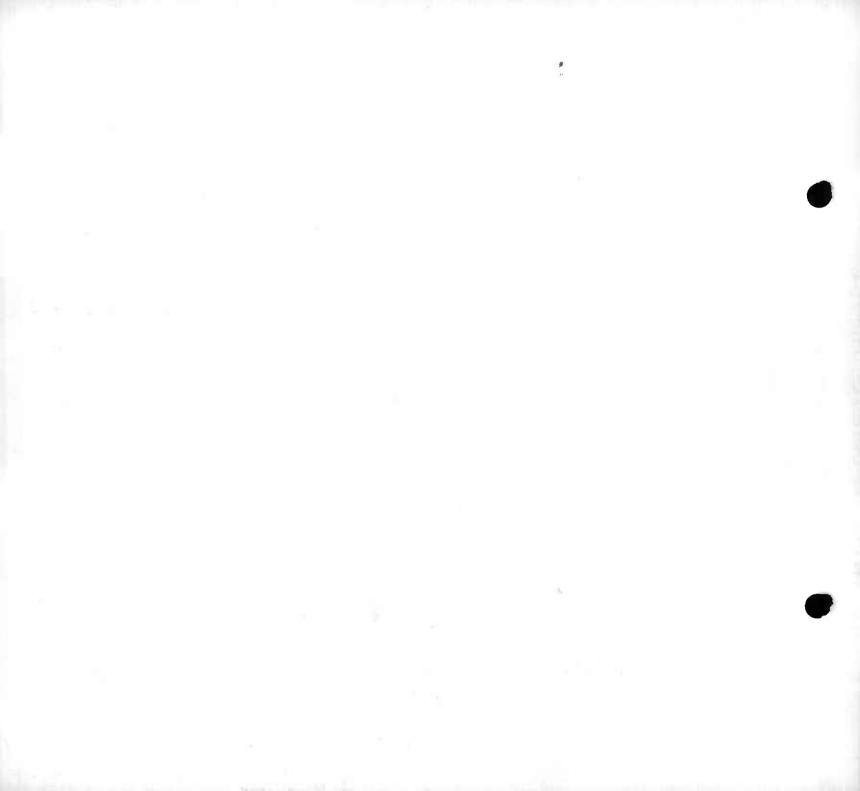


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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH R
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BIRTH NO.	REG. NO	
1. NAME OF DECEASED	2. DATE Known 🔀 Month Doy	Year Haur
(Type or Print) THEODORE JONES	DEATH Estimoted 3 10	69 1:05 am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	March 10,	1969 1:05 ам.
OKINSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: A, STATE B, COUNTY	residence befare odmissian)
Den Coccuma Negnital D O A		
Bon Secours Hospital D.O.A. 6. SEX 7. RACE B. MARRIED NEVER MARRIED	Maryland C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
MARKIED E. HEVER MARKED E.		
Male Colored WIDOWED DIVORCED		NO L
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Haurs, Min.	E. STREET AND NUMBER	1
4-13-1949	606 Price Ct	1604
11. BIRTHPLACE(State or foreign cauntry) 12. CITIZEN OF	606 Brice St.	
WHAT COUNTRY?		
Baltimore, Maryland U.S.A.	Wesley Jones	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY dane during most of warking life, even if retired)	15. MOTHER'S MAIDEN NAME	
Bowens & Co.	Audrey Jones	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		DRESS
(Yes no or unknawn) (If yes, give wor ar dotes of service) SECURITY NO.		
NO.	Mrs. Audrey Jones 606	N. Brice St.
19. GAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4 / 6 8 / \		BETWEEN ONSET AND BEATT
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE C	CAUSE Stab wound of the left che AS A CONSEQUENCE OF:	st
neart failure, astneria, etc. it means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)	46 4 COMERCUS OF OC	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
I UNDERLYING CONDITION LAST.		
6		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	,,	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
02		7770
Z22A. EXTERNAL CAUSE WAS [22B.PLACE OF INJURY(e.g.,	A 22C WHERE DID (III : D-III City	YES
U LINDERLYING NOR CONTRIB	in ar about 22C. WHERE DID (If in Boltimore City, give exoc te bldg., etc.) INJURY OCCUR?	riocorian)
Q UTALO TO CALLET OF STATE	606 Brice Street	1604
DING CAUSE OF DEATH. Home 2 22D. TIME (Manth) (Day) (Year) (Haur) 22E. NJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WHILE	
23. 3 10 69 12:50al. WORK AT W	VORK XX Subject stabbed in ches	t
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	tapsy XX and that on this basis, deoth In my c	pinion
resulted from Natural causes Accident Suicid	de 🗌 Homicide 🛛 XX Undetermined manner 🗌	
THE REPORT OF THE PARTY OF THE	CHIEF MEDICAL EXAMINER	
ACTUAL TOWN		DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER LXX	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.	3/10	/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		
REMOVAL (Specify)		
Burial 3-14-69 Mt. Aubur	n Cem. Baltimore,	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	DRESS
MAK 12 1909 (12 Do. 15 2 January	MORTON & DYETT F.H. 17	01 Iaumana 0
ABAMA AT ABAMA	PRINT & DIEII F. H. 1/	or Laurens St
VS 151-REV. 1/1/6B	0 0 1 1 0	

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BALTIMORE CITY HEALTH DEPARTMENT

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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

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If Under 24 Hrs.

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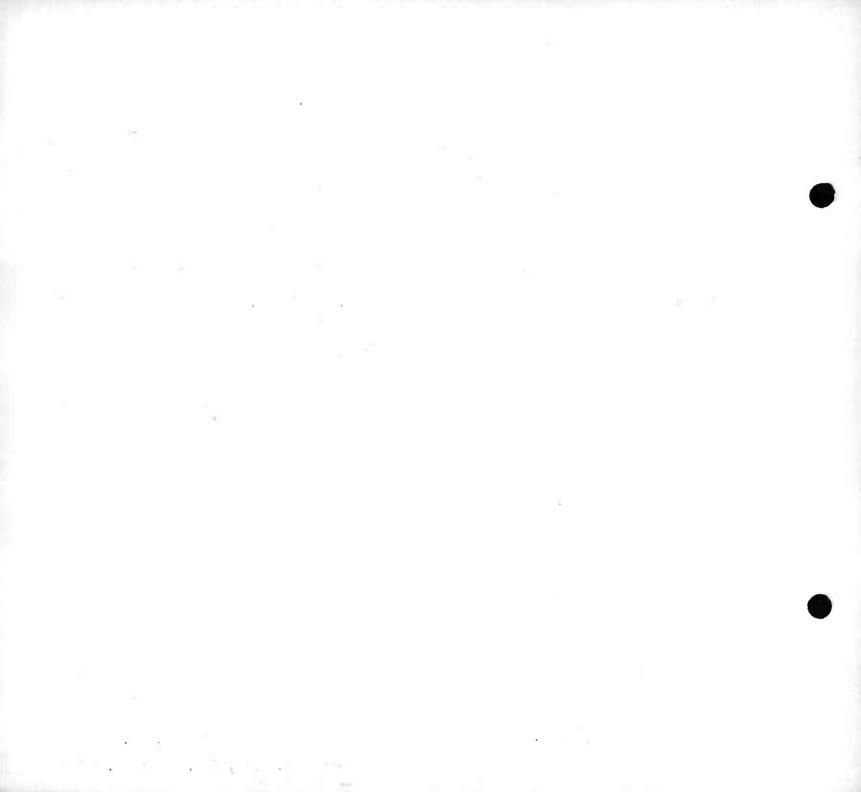
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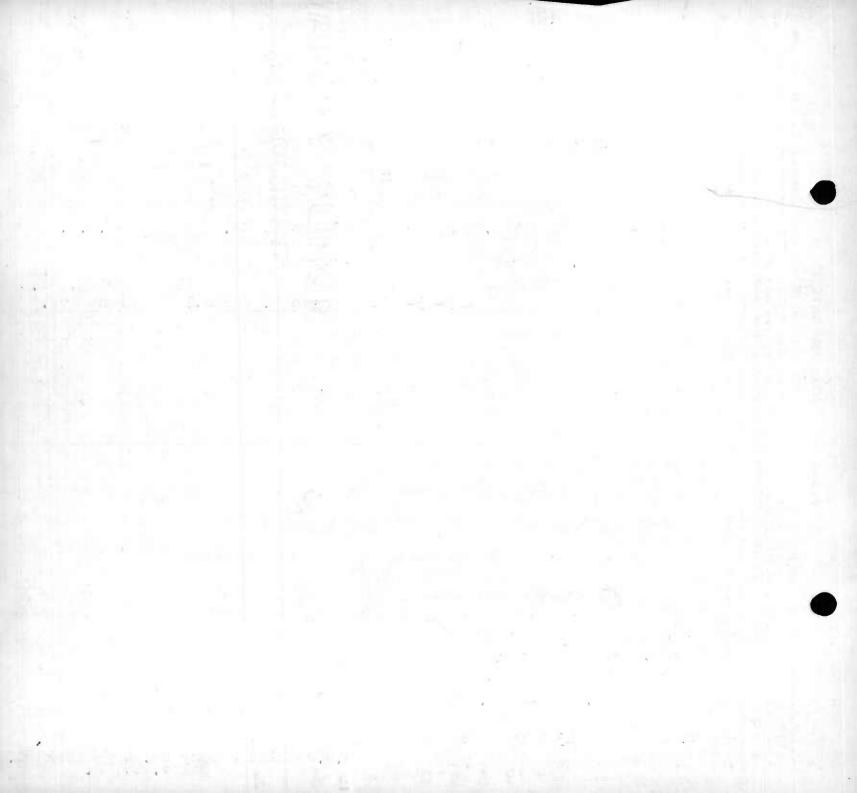
(Same)

APPROXIMATE INTERVAL

(Stote)

ADDRESS





Nellie M. Parker 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND C. CITY OR TOWN INSTITUTION Long Green Nursing Home Long Green Nursing Home	D. INSIDE CITY LIMITS? YES NO
S. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN Baltimo Teffers	D. INSIDE CITY LIMITS? YES NO MBER On Apts. 4 E. 32nd St./2
40 ADDRESS OR LOCATION) Long Green Nursing Home Long Green Nursing Home E. STREET AND NU Jeffers	D. INSIDE CITY LIMITS? YES NO
Go Long Green Nursing Home Baltimo E. STREET AND NU Jeffers	MBER ON Apts. 4 E. 32nd St./2
90 hong dreen warsing home Jeffers	on Apts. 4 E. 32nd St./2
SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	0 405 0
F W WIDOWED DIVORCED 5/11/188	
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stationed during most of working life, even if retired) None None Baltimore	
3. FATHER'S NAME 14. MOTHER'S MAIL	DEN NAME
Dr. Charles S. Parker Ellan Par	ker
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS
	dmun, 1118 N. Calvert St.
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION lost. (B) UN UNDERLYING CONDITION lost. (B) UN UNDERLYING CONDITION lost.	3 9,00
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Y)	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OC	EDID (If in Baltimore City, give exact location) CUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Not Whife Month Work	DID INJURY OCCUR?
22. I certify that (1) (this haspital) attended the deceased from 9 // 19 that (1) (we) last sow the deceased alive on 3 / 9 19 and have ond from the causes stated abave. (1) (We) (did not) view the bady after	and that in my (our) apinian death occurred on the
23A. SIGNATURE Attending Med. Director 23C. PHYSTORIAN'S 23D. ADDRESS	Shoff Shoff
Dr. Francis W. Gluck DEGREE 100 W. Ur. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY	iversity Pkwy. [24D. LOCATION (City, town, or county) (Sto

Burial 3/12/69
25A. DATE REC'D BY HEALTH DEPT. 2 25B. NAME OF REGISTRAR

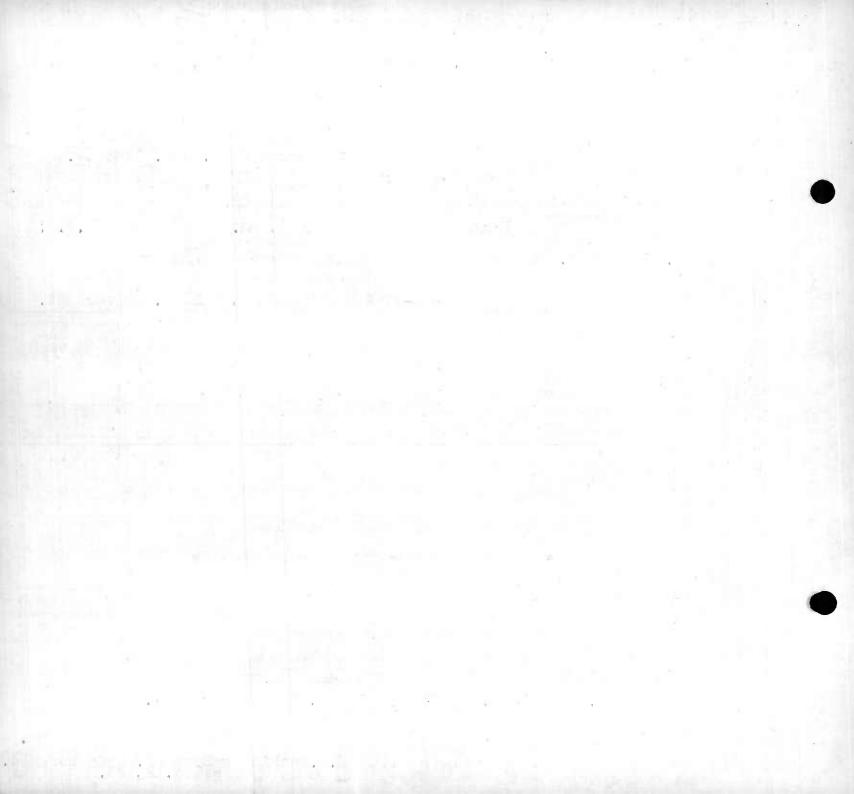
Greenmount

Md.

Baltimore

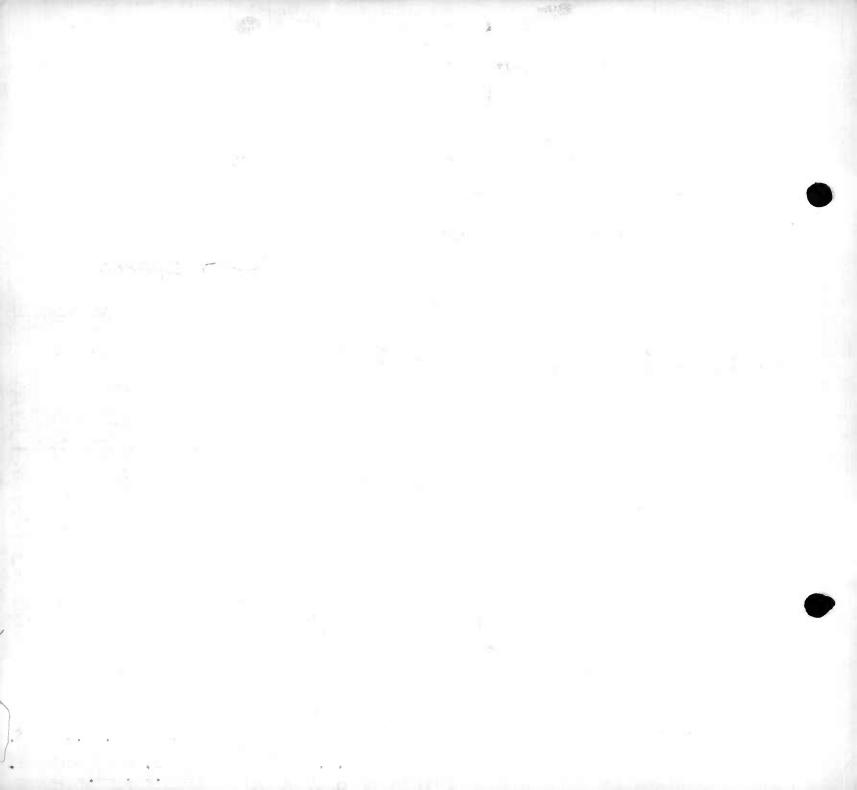
25C. FUNERAL DIRECTOR

H.W. Jenkins & Son 4905 York & Sons Balto C9.



(Stotel

Md.



IMPORTAN

DIRECTOR:

FUNERAL

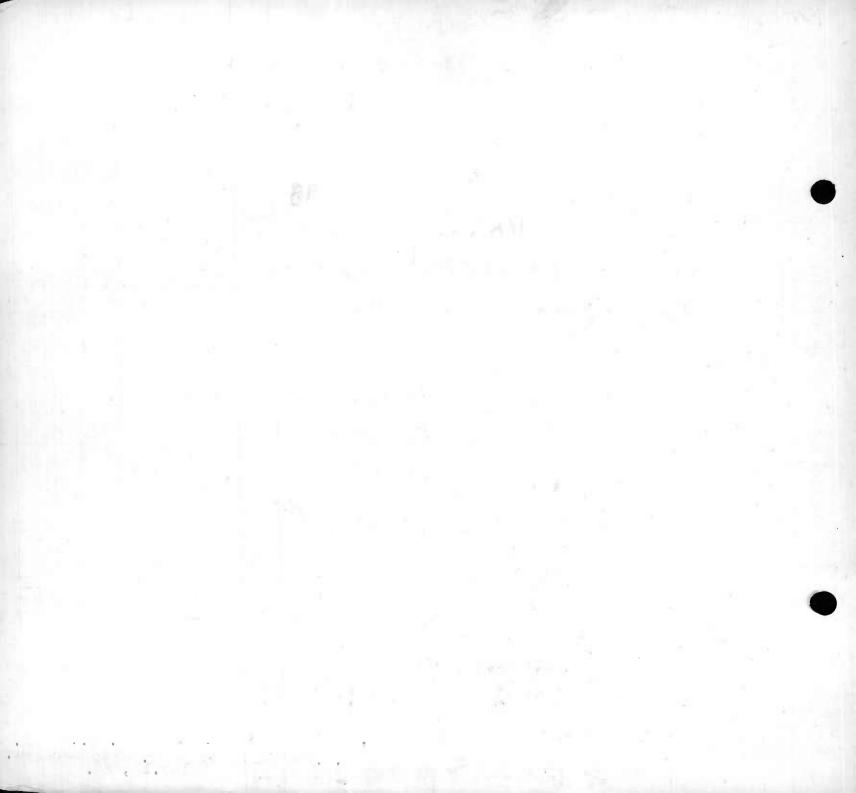
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BALTIMORE CITY HEALTH DEPARTMENT

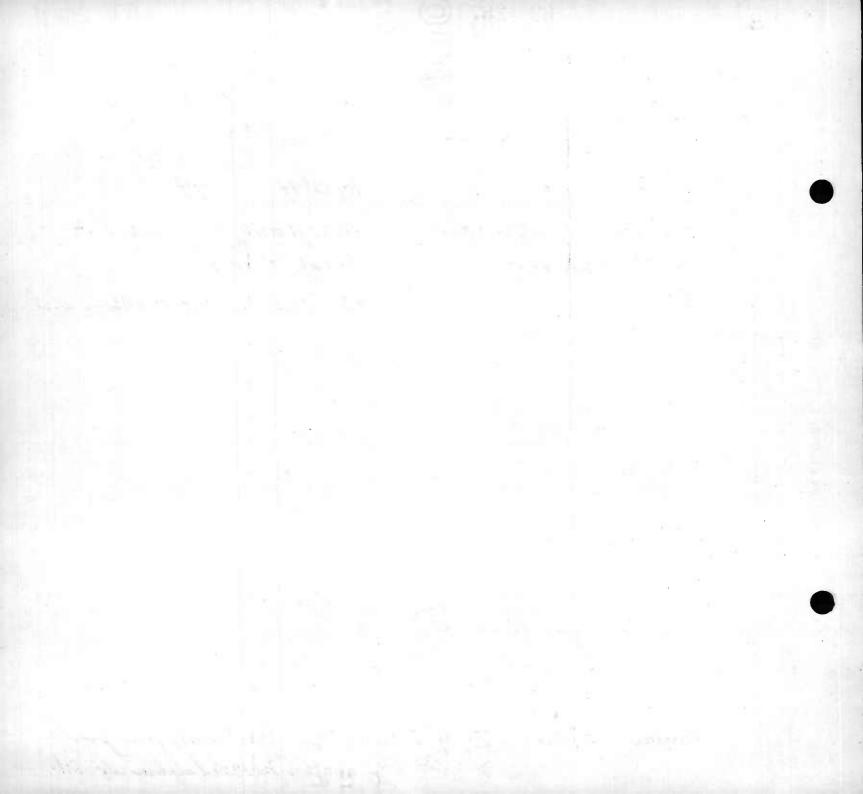
		00 00	BALTIMORE CIT	TY HEALTH DEPARTMENT		69 2672
V		69 28	CERTIFICA	ATE OF DEATH	REG. NO.	00 2012
	1, N	AME OF DECEASED	- 00		D HOUL OF DEATH	10:00 Pm.
	3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Were	deceased lived, If institu IY	tion: residence before odmissian)
	HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Md 136	1 to . City	CITY LIMITS?
	IN:	MODIFICATION (1	C:44		15 NO 🗆
<u>.</u>	4	Maryland General)	401 b. 450	713 Mc Ke	ev: N Ava	903
a made	5. S	M WIDOW		6-4-98	ost birthday) M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
ם ב	10A don	USUAL OCCUPATION (Give kind of work 10B, KINE aduring most of working life, even if retired)	OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreig	gn country) 1	2. CITIZEN OF WHAT COUNTRY?
SILI	1	etired-Sples W-1	R. Drace Co.	14. MOTHER'S MAIDEN NAM	A.	USH
Sposifio	1	Nm I mapaga	OF OFTAD	alm K	DEISIE	SLEETER
0	15. Yes	Mas Deceosed Ever in U. S. Armed Farces?	16. SOCIAL SECURITY NO.	17. INFORMANT MR	S. WILLIAMA	
ting		YRS WWI	098018657	ALW: tel	(JAME)
0		DISEASE OR CONDITION DIRECTLY	CAUSE OF DEA	TH .		BETWEEN ONSET AND DEATH
med		LEADING TO DEATH	(A) IMMEDIATE C		1254	1hr
pa		(This daes nat mean the made of dying, heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)		S A CONSEQUENCE OF:	P	
E B		ANTECEDENT CAUSES	(B) A N	140cords In	tarction	2 hrs
are		DISEASES OR CONDITIONS, if any, givenise to the above cause (A) stoting	villig	ASIA CONSEQUENCE OF		70.118
III		UNDERLYING CONDITION last.	(c).1.1.Y	er's Sclores		20 412
remains	ATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTII TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		~ °		
e the	RTIFIC,	19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTORSX? (Yes or No)	20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
betore	CAL CI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g. home, farm, factory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimore Ci	ity, give exact location)
obtained	MEDI	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not W		JRY OCCUR?	
btai		22. I certify that (I) (this haspital) attended	Work At Wa		9 to 31	19 (29
pe o		that (I) (we) last saw the deceased alive	3 1	1 1 1		n death accurred an the date

and haur and fram the causes stated alave. (1) (We) (did) (did nat) view the bady after death. 23B. DATE SIGNED Attending Phys. Med. Director Staff Phys. PHYSICIAN'S NAME (Type) 23D. ADDRESS CEMETERY OF CREMATORY 24A. BURIAL CREMATION, REMOVAL (Specify) 24D. LOCATION Burial 3/14
25A. DATE REC'D BY HEALTH DEPT. Burial Sons Co. 4905 Tork Balto 12, Md. 69 9 Moreland Mem. Park Parkvi 25C. FUNERAL DIRECTOR H.W.Jenkins

VS 150-REV. 1/1/6B



_ 1_	69	2673 BALTIMORE CIT	Y HEALTH DEPARTMENT	V	69 2673	
255	00	CERTIFICA	TE OF DEATH	REG. NO.	00 20/3	_
BIRTH NO. 1. NAME OF DECEAS (Type or Print)	ED	02/(1/1/0/		AND HOUR OF DEATH		_
BIRTH NO. 1. NAME OF DECEAS (Type or Print) 3. PLACE IN BALTIM		Isabella		3/10/69	8,30	٨
3. PLACE IN BALTIM	ORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	Vhere deceased lived. If i	nstitution: residence befare admission	n]
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?	
0 8 9	1. A H.	1 200	Baltin	nore	YES MO	
E O O . E . O O	Lutheran Ho	spi of ma.	E. STREET AND NUMBER	Sulphar	Spring Road	
5. SEY 6. 1		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (tn years lost birthday)	If Under Yr. If Under 24 Hr. Months Doys Hours Min.	S.
TO DO S S S TO ALL SU AL OCCUPA	WID	OWED DIVORCED	10/22/94	73		
O D O O O O O O O O O O O O O O O O O O		IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTE	n
done during most of work		wnHome	Marylan 14. MOTHER SMAIDEN	nd	454	
13. FATHER'S NAME						
John	hn Tucker		Sarah P	urper		
15. Was Deceased Eve	er in U. S. Armed Forces? yes, give war or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
NO	yes, give war or doles or so	SECORIT NO.	101010 13 1	-11 4	11111 t	
18,	C3 .	CAUSE OF DEAT	Nelson Zachn	nan 12ChesTN4	APPROXIMATE INTERVAL	-
200	OR CONDITION DIRECTL				BETWEEN ONSET AND DEAT	51
	ADING TO DEATH		ACP VI			
	mean the mode of dying	(A) IMMEDIATE CA DUE TO, OR AS	A CONSEQUENCE OF:	<u> </u>		
	thenio, etc. It means the d cotion which caused deoth	isease,				
	TECEDENT CAUSES	,00	-1-L- M	11 1 7		
	CONDITIONS, if any,	OLIVING (B) DUE TO, OR A	obetes Me	nuus		
	obove cause (A) stolin	g the	10.0	ulcey,		
UNDERLYING C	ONDITION last.	(c) ZS	ophageal	lucey,		
-	11		/			
	INT CONDITIONS CONTRIBUTIONS RELATED TO THE TERM					
DISEASE OR CON	DITION GIVEN IN PART 1 (A)		20A ALIZABEVA (V.	Nol 208 Is was assess	EINDINGS CONSIDERED	
19A. DATE OF OP	PERATION 198. CONDITION WAS PERFORME	D PERMITTED	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
U 21A ACCIDENT	WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 210 WHERE DIE) //f in Raister	ere City, give exact location)	
OR CONTRIBITION	NG CAUSE OF	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR	? (II In boltimo	ne ony, give exuct locution)	
DEATH (notify me		ma to a new				
W OF INTITION	Nonth) (Doy) (Year) (Hou			INJURY OCCUR?		
(APPROX.)		While At At Work	'° 🔲]		- /	
22. I certify the	ot (1) (this hospital) ofte	ended the deceased from	2/27	19 69 10	3/10 19.69	-
	st saw the deceased aliv	2/1-	19 69 ond	/	inion death occurred on the do	31
		/			The desired of the de	ľ
23A. SIGNATURE	om the couses stated ob	pove. (!) (We) (did) (did not)	view the body offer deof	in.	23B, DATE SIGNED	
1	- 0	L i. O. AH	ending Med.	Staff X	- / / -	
Cot.	l. ray	MIN 1 DEGREE Ph	ys. Director L	Shoff Phys.	3/10/69	
23C. PHYSICIAM'S NAME (Type)	H. K. Par	K MAD	23D. ADDRESS	Hosp, of me	P. Balto, 2/2/6	
24A. BURIAL CREMA	TION, 24B. DATE	24C. NAME of CEMETERY OF CE	EMATORY 1240	LOCATION (C	City, town, or county) (State)	
REMOVAL (Spec	(ify)	Sup 1 1 . 1	1.4.	1+	201 1 /	
Burial	09/13/69	Mr. Clivel 6.	melly to	allmirl;	Maryone	_
25A. DATE REC'D BY	HEALTH DEPT.	NAME OF REGISTRAR	250 FUNERAL DIREC	TOK 1	AUDRESS	
	7107	COLUMN STATES	Juntous h	x1328 Lulps	han sy vill.	_
VS 150-REV. 1/1/6B			1 2 0 0 0	9		1



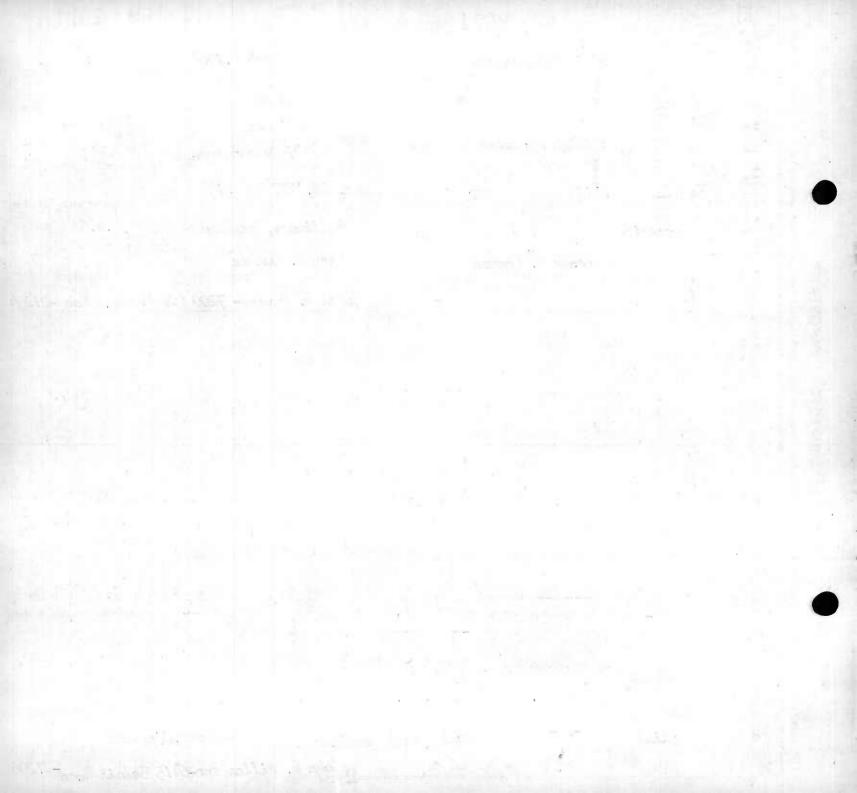
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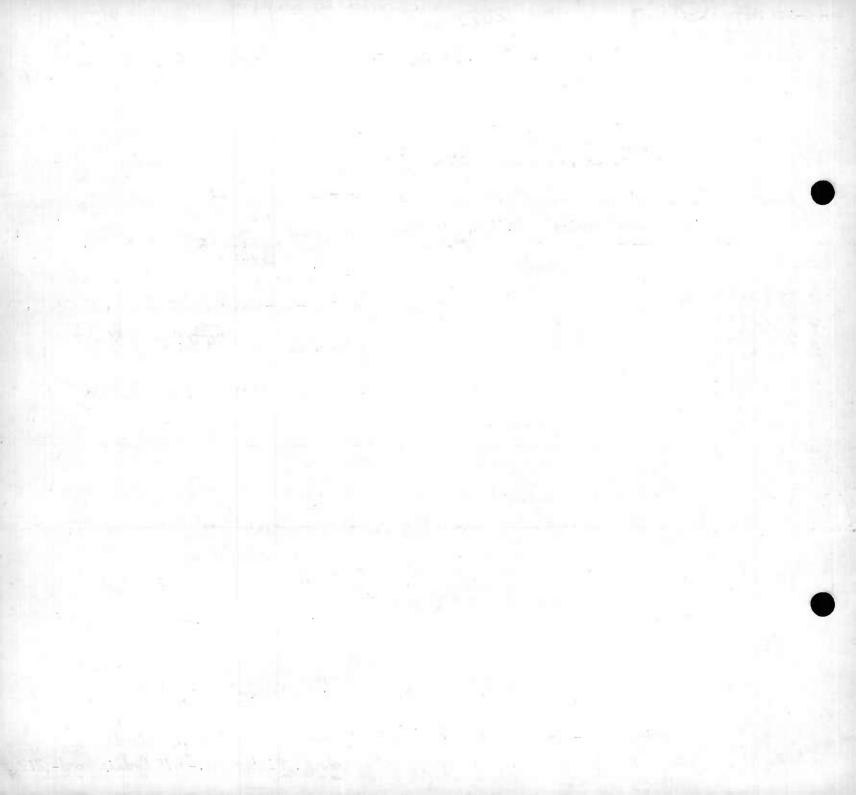
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VS 150-REV. 1/1/68

John E. Miller Inc-6415 Belain Road 21206

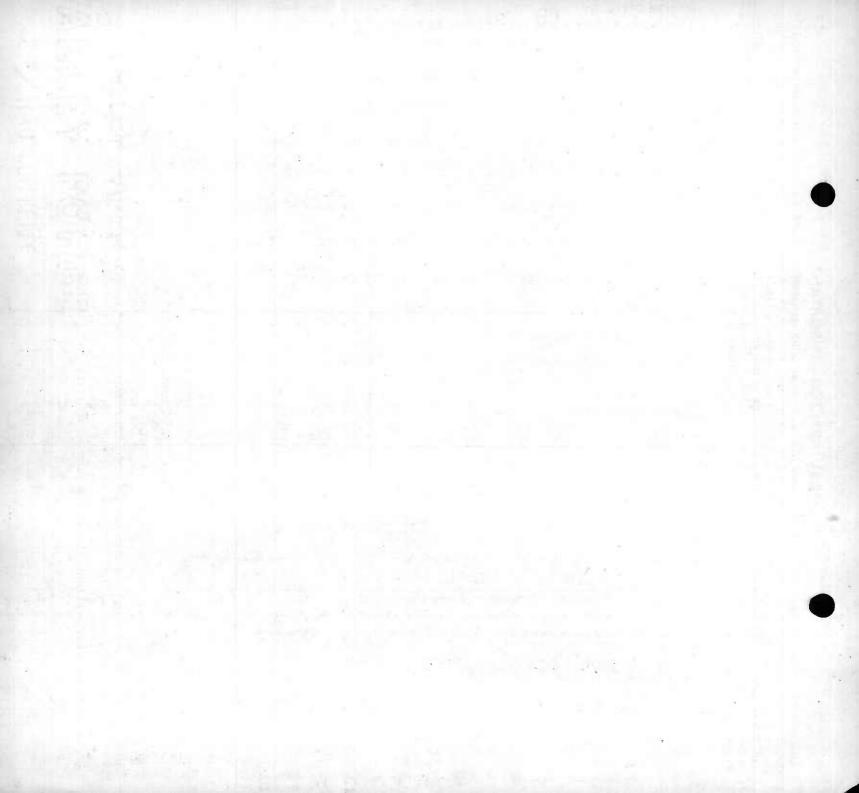




w-255

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 2016
1. NAME OF DECEASED	2. DATE Known X Month Doy Year Hour
(Type or Print) EDWARD WISEMAN	OF DEATH Estimoted March 8, 1969 8:15 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD March 8, 1969 8:15 P. M. S. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
35 Church Home & Hospital	A. STATE B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Po1+:
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
April 25, 1926 lost birthdoy) Months Days Hours Min.	5531 Bucknell Woad 2641
11. BIRTHPLACE (Stote or foreign country) Balto. Md. 12. CITIZEN OF WHAT COUNTRY?	Louis A. Wiseman
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life even if retired) Sheet Metal Mechanic United Sheet Metal	Class at the st
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	Betty L. Wiseman - 5531 Bucknell Road-21206
19. CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	THE RESERVE OF THE RE
LEADING TO DEATH (A)IMMEDIATE	CAUSE Cerebro-cranial injuries AS A CONSEQUENCE OF:
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
[6]	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
₹ 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g. under the form, forgory, street, offi	, in or obout 22C. WHERE DID (If in Boltimore City, give exact location) ce bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH.	?
Z 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) ? m. WHILE AT NO AT V	Found in basement of 104 N. Washington Street
I certify that I held on Inquiry Inspection A	
resulted from: Notural causes Accident Suici	
	CHIEF MEDICAL EXAMINER
SIGNATURE CHOOSE AND MAIN	ASSISTANT MEDICAL EXAMINER 🛣
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER March 9, 1969
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify) Burial 3-12-69 Gardens of	Faith Cem Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
860 3 9 1000 A A C 7 0	John C. Miller Inc-6415 Belair Rd21206
VS 151-REV. 1/1/68	0 0 6 7 1 Deduc Ka21206

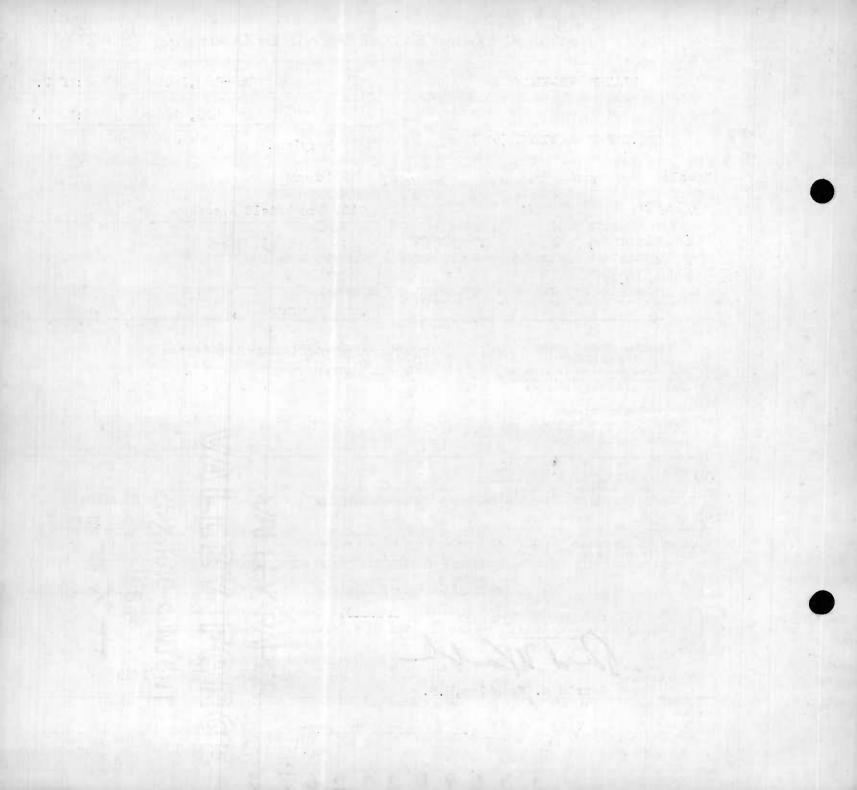
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69 2678 BALTIMORE CITY HEALTH DEPARTMENT

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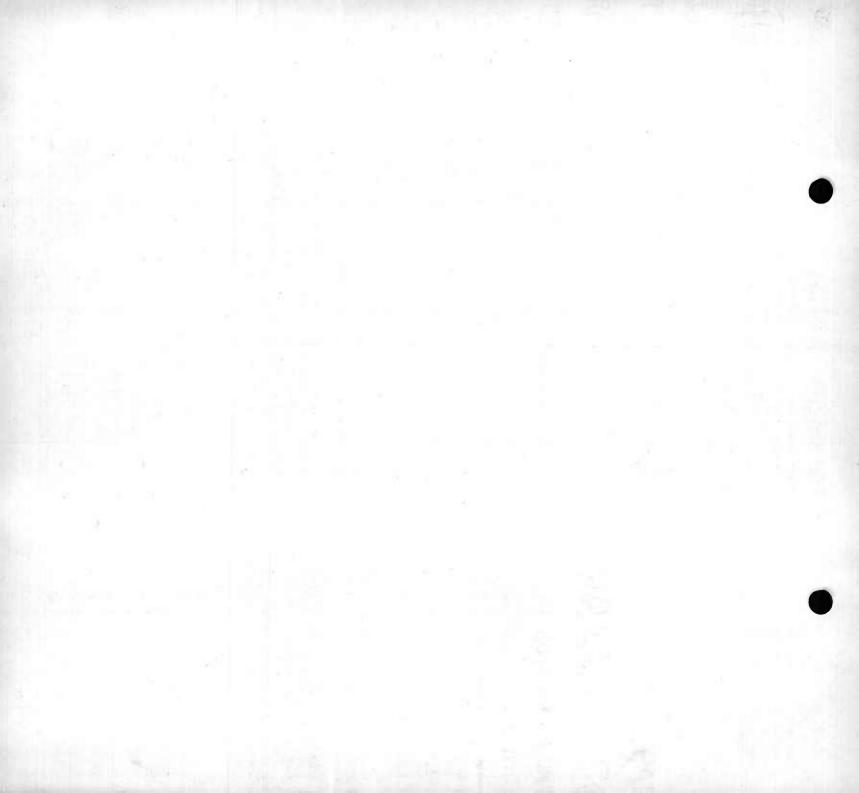
BIRTH NO.	WEL	JICAL E	XAMINER 5	LEKTIFICATE OF DE	AIH REG. NO.	
1. NAME OF DEC		LTON		2. DATE Known Mor OF Estimoted Mar		Yeor Haur 8:20 P. M.
FULL NAME OF HOSPITAL	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUT		3. DATE Mon PRONOUNCED DEAD Mar	ch 6, 1969	Yeor Hour 8:20 P. M.
OR INSTITUTION PRO	OVIDENT HOSPI	TAL (DO	OA)	5. USUAL RESIDENCE (Where deceded A. STATE Maryland	B. COUNTY	esidence before odmissian)
6. SEX Female	7. RACE Negro	8. MARRIED	NEVER MARRIED DIVORCED	C. CITY OR TOWN Baltimore	D. INSIDE CITY	9 5 5
9. DATE OF BIRT 3/26/2		I II I	Under 1 Yr. If Under 24 Hrs. oths: Doys , Hours , Min.	E. STREET AND NUMBER 2229 Brookfield A		1307
Balti	State or loreign country) more, Md		CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Nathaniel M	oses	
dane during most of Unemp	JPATION (Give kind of wark working life even if retired) LOYEQ	14B. KIND OF	BUSINESS OR INDUSTR	Sarah		
16. WAS DECEAS (Yes, no ar unknown	GED EVER IN U.S. ARME	D FORCES? af service)	17. SOCIAL SECURITY NO.	18 INFORMANT MRs Burrell.	ADD	RESS
19. 1 1 9	20		CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heart failure injury or con A DISEASES RISE TO TH UNDERLY!	not meon the made of de, asthenia, etc. It means the mplicotion which coused de NTECEDENT CAUSES OR CONDITIONS, IF AN E A80VE CAUSE (A) STANG CONDITION LAST. II NIFICANT CONDITIONS C	e diseose, oth.) Y, GIVING ATING THE	(8) DUE TO, OR	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:		
DISEASE OF	ATH BUT NOT RELATED TO R CONDITION GIVEN IN F F OPERATION 20B. CO	ART 1 (A).	R WHICH OPERATION W	AS PERFORMED	2	11. AUTOPSY? (Yes ar No)
22A. EXTER UNDERLYING UTING CA	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Yec	ham	PLACE OF INJURY(e.g., e, farm, factory, street, affice 22E.*NJURY OCCURRED	in ar obout 22C. WHERE DID (If in 80 e bldg., etc.) INJURY OCCUR?		yes acotian
OF INJURY (APPROX.)		m.	WHILE AT NOT WORK AT W	WHILE OORK		
l cer	URE RONALD RONALD ROMATION, 248. DATE	UKO. Kornb	Accident Suicid	Hamicide Unde CHIEF MEDICAL EXAMI ASSISTANT MEDICAL EXAMI ASSOCIATE MEDICAL EXAMI ar CREMATORY 24D. LOCA	NER 🔀 NER 🗌 3/7/	DATE SIGNED 769 or caunty) (Stote)
25A. DATE REC'D	BY HEALTH DEPT.	4/	E OF REGISTRAR	25C. FUNERAL DIRECTOR		RESS IN
VS 151-REV. 1/1/6	8	1 0	4 9 13 17	0000		



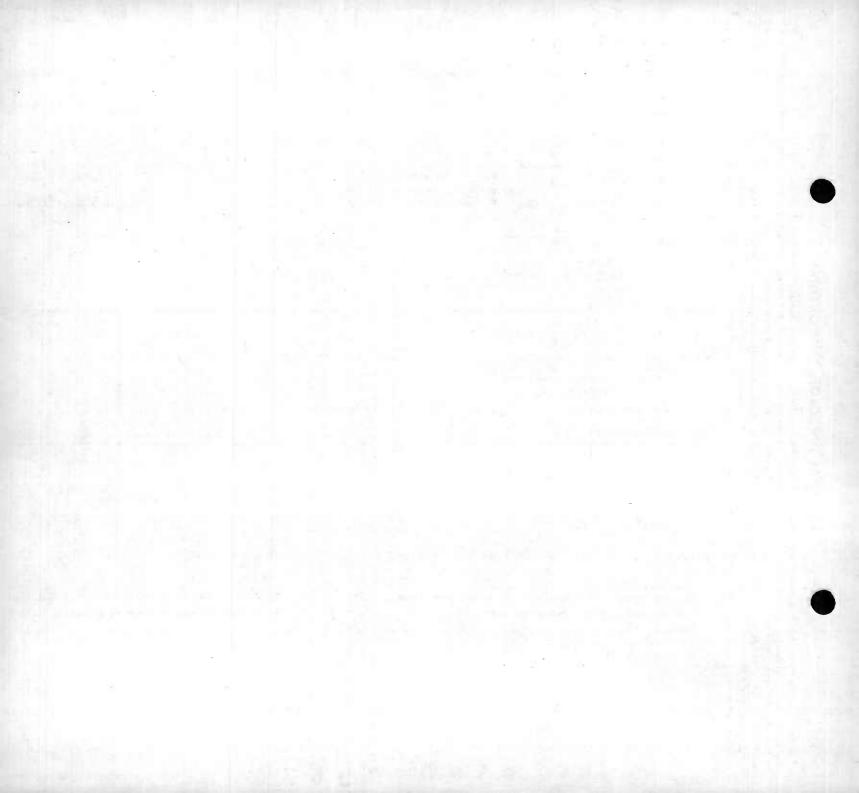
If Under 24 Hrs. Hours i Min.



VS 150-REV, 1/1/6B



	69 2681 BALTIMORE CITY HEALTH DEPARTMENT 69 2081.
9 -F B	CERTIFICATE OF DEATH
1.	NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission
3	A. STATE B. COUNTY
II. E	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION O. INSIDE CITY LIMITS?
ľ	VES D NO D
-	resinai Hospital E. STREET AND NUMBER 4011 Hickory A vehicle #.
5.	SEX 7. MARRIED NEVER MARRIED W B. DATE OF BIRTH 9. AGE (In years) If Under 1 Yr. If Under 24 Hrs Months; Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTR
	one during most of working life_even if retired) - BALT, MD USA
1.	Richard Donovan Robinson -4011 Hickory Ave
	5. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
()	(es, no or unknown) (If yes, give wor or dates all service) SECURITY NO.
-	18. 7 7 1 CAUSE OF DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(This does not meen the made of dying, e.g., (A) IMMEDIATE CAUSE (DIE TO OR AS A CONSEQUENCE OF:
	heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.)
	ANTECEDENT CAUSES (B)
	DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (C)
:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
i	I TO THE DEATH BUT NOT RELATED TO THE TERMINAL I DISEASE OR CONDITION GIVEN IN PART 1 (A). ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
-	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR?
	OR CONTRIBUTING CAUSE OF Corm, foctory, street, office bldgs, INJURY OCCUR?
i	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While Not Work Not Work
	22. I certify that (1) (this haspital) attended the deceased fram 1/1/69 9 30 0019 to 1/3 1969
	that (1) (we) last saw the deceased alive an
	and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE
	M N Abinnon M Attending Med. Shoff Pa
	23C. PHYSICIAN'S 23D. ADDRESS
	NAME (Type)
2	PAA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	3-6-69 JOHNS HOPKINS MEDICAL SCHOOL
2	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
L	MAR 13 1969 (P) 0.06 & 02 (3.45)
٧	/S 150-REV. 1/1/6B



		BALTIMORE CITY	HEALTH DEPARTMENT		69 2682			
3	BIRTH NO. 69-13839 69	2682 CERTIFICA	TE OF DEATH	REG. NO.	69 2682			
	1. NAME OF DECEASED (Type or Print) DENHARDT.		2. DATE AN	D HOUR OF DEATH	. 535			
	3. PLACE IN BALTIMORE MARYI AND WHERE BO	ONOUNCED DEAD		5 69	3 - A M			
	THE HAME OF THE ADDRESS OF LOCATION	0 10 0 1	A STATE B. COUN C. MY PRIOWN	D. INSIDE (tion: residence belose admission			
	UNIVERSITY OF MARYL	AND HOSP	aja ox	O YE	S NO			
.3	BALTIMORE, MD 212 5. SEX 6. RACE / DIZ. MAD		E. STREET AND NUMBER 140 PURE 27					
s mad	P WIDO		2/24/69		Under 1 Yr. V II Under 24 His.			
position is	10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working lile, even if refired)	D OF BUSINESS OR INDUSTRY	MARULAN		CITIZEN OF WHAT COUNTRY?			
5	13. FATHER'S NAME		4. MOTHER'S MAIDEN NAM	AE				
2	DENHALDT, EUGET		JACQUEUIN	UE ROBIN	SON			
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Il yes, give wor or dates of serv	icel 16. SOCIAL SECURITY NO.	FATH	弘	ADDRESS			
5	18. 9 9 9 8	CAUSE OF DEATH			APPROXIMATE INTERVAL			
3	DISEASE OR CONDITION DIRECTLY		4.4		BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	(A) IMMEDIATE CAUS	E	unity	8			
	(This does not meon the made of dying, heart failure, asthenia, etc. It means the dise	e.d.	CONSEQUENCE OF:					
1	injury ar camplication which caused deoth.)				1			
	ANTECEDENT CAUSES	(8)						
;	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
<u> </u>	UNDERLYING CONDITION last. (c)							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	20000 000000000000000000000000000000000						
	198 CONDITION FERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes of No.)	20B. IF YES, WERE FINDS	NGS CONSIDERED OF DEATH?			
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D-TIME (Month) (Day) (Year) (Hour) OF INJURY	21B. PLACE OF INJURY (e.g., In home, form, foctory, street, affic etc.)	or obout 21C. WHERE DID :e bldg., INJURY OCCUR?	(If In Boltimore City	r, give exact location)			
;	OF INJURY (Month) (Doy) (Yeor) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
	(APPROXI	While At Not While Nork At Work						
	22. I certify that (I) (this haspital) attended		2/24/691	9ta2/	25 / 69 10			
	that (I) (we) last saw the deceased alive	on 2/25	19 <u>69</u> and tha	t (my) (aur) apinian	death accurred on the date			
	and haur and from the causes stated above	(I) (We) (did) (did nat) vie	w the bady ofter death.					
	23A. SIGNATURE	23 B.	DATE SIGNED /					
	To hear Life	OF GREE Phys.	ling Med. S	hys.	2/25/69			
	23C. PHYSICIAN'S NAME (Type) ROBENT L	51N6EL 23	D. ADDRESS	UD HOSPI	TAL			
1	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	OEGREE C. NAME of CEMETERY OF CREM	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CATION (City, to	wn; or county)			
	3-3-69		INVE	CITY MEDI	CAL OCCUPANT			
	25A. DATE REC'D BY HEALTH DEFT. 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	SA SA	ADDRESS			
Ц	VS 150-REV. 1/1/6R	- 4-4-4	1 2 2 1	- (d) Inv				

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DIRECTOR:

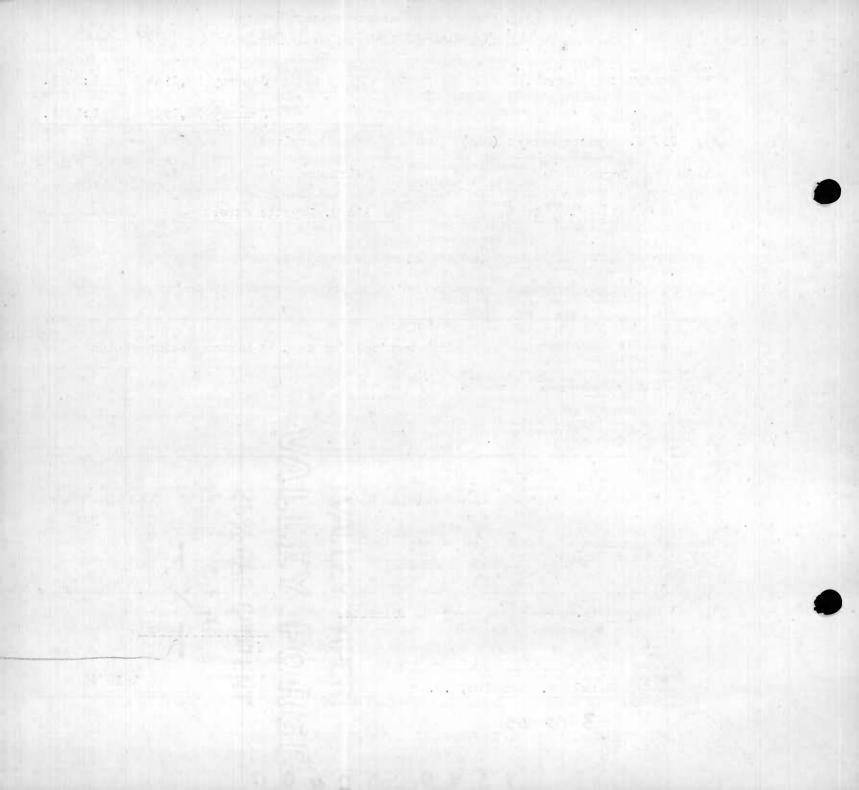
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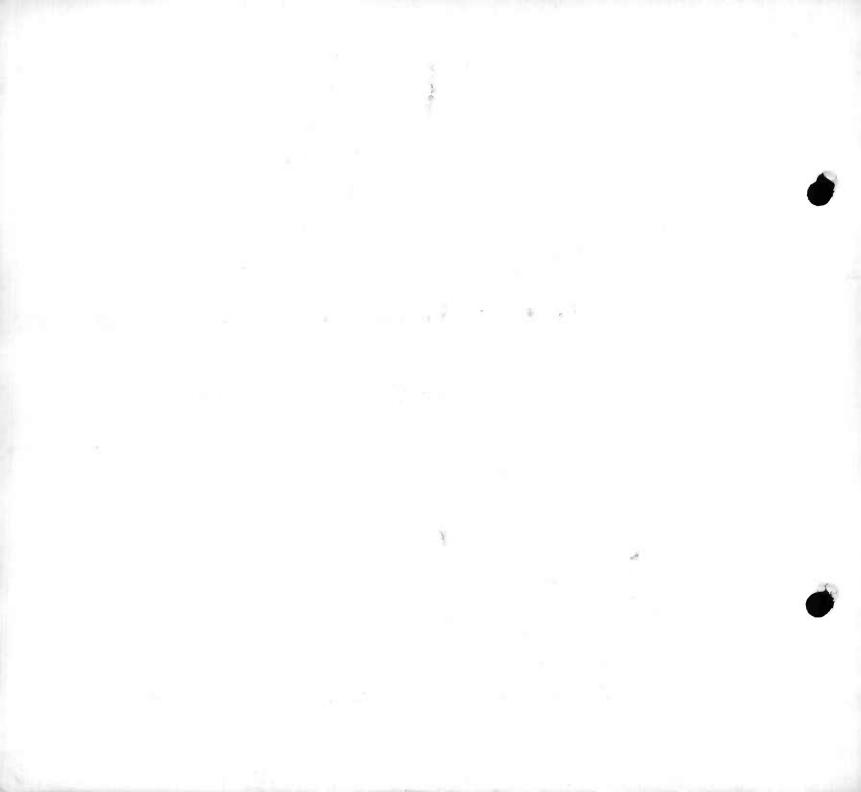


69 2685 BALTIMORE CITY HEALTH DEPARTMENT 69 2685

BIRTH NO.	MED	ICAL EX	XAMINER'S	LEKTIFICA	IE OF DEATI	REG. NO.	~~~	
I. NAME OF DEC		m			nown Month		eor Hour	
	SPENCER HURT			DEATH Es	Himoted Danuary		2:20 P. M.	
FULL NAME OF HOSPITAL	TIMORE, MARYLAND, V (IF NOT IN HOSPITA ADDRESS OR LOCA			PRONOUNCED DEAD January 30,1969 Yeor 2:20 P.				
OR INSTITUTION 759	W. Fayette S				NCE (Where deceosed livery land	ed. If institution: reside B. COUNTY	ence before odmission)	
6. SEX Male	7. RACE Negro	8. MARRIED [NEVER MARRIED DIVORCED	c. city or tow Baltimon		D. INSIDE CITY LIM	NO 🗆	
9. DATE OF BIRT	H 10.AGE (last birthod	1 K 11	nder 1 Yr. If Under 24 Hrs. ths, Doys, Hours, Min.	E. STREET AND	NUMBER Fayette Stree		402	
11. BIRTHPLACE (S	State or foreign country)		CITIZEN OF WHAT COUNTRY?	13. FATHER'S NA				
14A.USUAL OCCU done during most of v	PATION (Give kind of work working life, even if retired)	14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S M	AIDEN NAME			
16. WAS DECEAS (Yes, no or unknown	ED EVER IN U.S. ARMED	of service)	17. SOCIAL SECURITY NO.	18. INFORMANT		ADDRES	S	
19. ")	9.		CAUSE OF DEA	TH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(This does n	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. it means the disease, injury or complication which coused death.) Undetermined due to post-mortem decompost (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:							
DISEASES RISE TO THE UNDERLYIN	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
20 A. DATE O	F OPERATION GIVEN IN P.		WHICH OPERATION W	AS PERFORMED	AUTOPSY? (Yes or No)			
2							yes	
UNDERLYING	NAL CAUSE WAS GOOD CONTRIB-	228. home	PLACE OF INJURY (e.g., e, form, loctory, street, offic	in or obout 22C. V e bldg., etc.)	VHERE DID (If in Boltimor Y OCCUR?	e City, give exoct loco	lion)	
22D. TIME OF INJURY (APPROX.)				WHILE ORK	OW DID INJURY OCCU	JR?		
	ted from: Natural cau	nquiry A	Inspection Au	de Homici CHIEF	MEDICAL EXAMINER	ned monner 🔀	on DATE SIGNED	
SIGNAT EXAMIN NAME (URE V VIII	I. Kornh	1 um . M . D .	ASSOCIAT	T MEDICAL EXAMINER E MEDICAL EXAMINER	<u>x</u> 2	/10/69	
24A. BURIAL CRE REMOVAL (Spec	MATION, 248. DATE	24	C. NAME of CEMETERY		JNI ZAD. LOCATION / ERSITY	(City, town, or co	L SCHOOL	
25A. DATE REC'D	BY HEALTH DEPT.		E Jalana	25C. FUNE	RAL DIRECTOR	ADDRE	ss DUID	
VS 151-REV. 1/1/6	8	1 0	4900	0 9 6	8 0	Mary and Mary D. St. Mary Street		



C	-161	69 2686 BALTIMORE CITY HEALTH DEPARTMENT
	Fe & Fe	CERTIFICATE OF DEATH REG. NO. 69 2686
nospita se of	pital and of death Deceased to on the ath. Such	1. NAME OF DECEASED (Type or Print) COOPER LELA 2. DATE AND HOUR OF DEATH 9/23/69 12.50 P
	of of Dec ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution: rasidence before admission A, STATE B, COUNTY
	hos ise (5) an de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?
	ting d cau d cat prior	Franklin Square Hospital E. STREET AND NUMBER 7 N. Carry Street 1802
•	contribut contribut etermined n regular regased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) 10. Under 1 Yr. If Under 12 Hr. Months; Days Hours Min. 10. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTIL
	or or it	Not knew w Battimere Battimere
-	÷ (€) × t de	13. FATHER'S NAME NOT KNOWN 14. MOTHER'S MAIDEN NAME NOT KNOWN
RTAI	the the kinc dea	15. Was Deceased Ever in U. S. Armod Forces? (Yes, no or unknown) (If yes, give war or doles of service) 16. SOCIAL SECURITY NO.
MPC his lso,	iner or his ner. Also, acture of ar pronounce ular attend mbalmed o	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc., it means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) IMMEDIATE CAUSE Pubmonaly Eurbolum ADUE TO, OR AS A CONSEQUENCE OF: (B) (B)
DIRE	medical exam medical exami burns; (3) A fr physician who an was in reg	inse lo like obove couse (A) sloling the UNDERLYING CONDITION last. (C)
UNERAL	chiely a post body the post post post post post post post post	O I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a), 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
li.	No No	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
	hos nature d (6)	(APPROX.) Work At Work
approd of	0 0 0	22. I certify that (I) (this hospital) attended the deceased from 2 22 1969 to 2 2 3 1969 to 2 1
	bed in the pit	and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23B. DATE SIGNED
	Ecico	Survider Attending Med. Staff 2-/23/67.
	was An An Prio	24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (Cir. Name of CEMETERY OF CREMATORY)
	Sod Sod Sod O.O ase	JOHNS HOPAINS MEDICAL SCHOOL
	This the back was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS WORLDANY SERVICE BCHD VS 150-REV. 1/1/68
		A 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7



R-340 N-550 R-340 R-340 R-346

69 2687 BALTIMORE CITY HEALTH DEPARTMENT

2687 69

200/	T REG. NO.	RTIFICATE OF DEATH			BIRTH NO.			
M.	Day Yeor Hour	DATE Knawn Month OF DEATH Estimoted	Riddle) Reynolds) Riddle)	IDDEL (Gene IDDEL (Alber James	1. NAME OF DECEASED (Type or Print) JAMES R			
0:25 A _{M.}	y 8, 1969 Hour 10:	DATE Month	RONOUNCED DEAD TITUTION, GIVE STREET		4. PLACE IN BALTIMORE, M FULL NAME OF (IF N HOSPITAL ADD OR INSTITUTION			
,	3. COUNTY			n Street	0912 East 20t			
	D. INSIDE CITY LIMITS?	CITY OR TOWN	RIED NEVER MARRIED	8. MARRI	6. SEX 7. RACE			
	YES X NO	Baltimore	VED DIVORCED	WIDOW	Male Whit			
04	12	street and number 112 East 20th Street	If Under 1 Yr. If Under 24 Hrs. E Months, Doys, Hours, Min.	10. AGE (In years lost birthdoy) 63	9. DATE OF BIRTH			
*		FATHER'S NAME	12. CITIZEN OF UNITARY?	ign country)	11. BIRTHPLACE (State or fore			
	THE PARTY	MOTHER'S MAIDEN NAME	OF BUSINESS OR INDUSTRY		14A. USUAL OCCUPATION (G done during most of working life,			
	ADDRESS	INFORMANT			16. WAS DECEASED EVER II			
IMATE INTERVAL ONSET AND DEATH	BETWEEN ONS	rotic cardiovascular E CONSEQUENCE OF: CONSEQUENCE OF:	(A)IMMEDIATE CAU DUE TO, OR AS (B)	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or campilication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
	21. AUTOPSY? (Y	ERFORMED	FOR WHICH OPERATION WAS	N 208. CONDITION	OTHER SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITION 20A. DATE OF OPERATION 2			
	City, give exoct locotion)	r obout 22C. WHERE DID (If in 8oltimore g., etc.) INJURY OCCUR?	228. PLACE OF INJURY (e.g., in home, form, foctory, street, office b	NTRIB-	V 22A. EXTERNAL CAUS UNDERLYING ☐ OR CO UTING ☐ CAUSE OF DE			
	R?		m. WHILE AT NOT WIND WORK AT WORK	(Doy) (Yeor) (Hour	22D. TIME (Month) OF INJURY (APPROX.)			
Stole)	DATE S	Homicide Undetermine CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	Accident Suicide M.D. Pringate, M.D. 24C. NAME of CEMETERY or	harles S. Sp 248. DATE 3-10-67	ACTUAL SIGNATURE			
	DATE 2-15-69 (City, town, or county)	Homicide Undetermine CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER CREMATORY 124D. LOCATION	Accident Suicide Suicide M.D. Dringate, M.D. 24C. NAME of CEMETERY or	harles S. Sp 248. DATE 3-10-67	resulted fram: ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify)			

68

others in the money of the post of the state

in Mental Rd a dried + mileties to theoline Burn T 5 duning "D

VS 151-REV. 1/1/68

69 2689 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69 2689

BIRTH NO. 68	-19978	DICAL EX	AMIINEKS	CERTIFI	CATEO	DEAT	REG. NO.			
. NAME OF DEC	EASED			2. DATE	Known 🔲	Month	Doy	Year	Hour	
		N WILLIAM		OF DEATH	Estimoted [М.
	TIMORE, MARYLAND,			3. DATE	JNCED DEAD	Month	Doy	Yeor	Hour	
OSPITAL	ADDRESS OR LO	PITAL OR INSTITUTIO CATION)	IN, GIVE STREET			Januar		.969	8:45	A. M
200	North Aisqu	iith		5. USUAL R A. STATE	esidence (whe		ed. If institution B. COUNTY	ı: residence b	efore odmis	ion)
. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		
Female	Negro	WIDOWED	DIVORCED		Baltimo	re	YI	ES 🔼 I	NO	
P. DATE OF BIRTI	H 10. AGE lost birth		der 1 Yr. If Under 24 Hrs. is 1 Doys 1 Hours 1 Min.	E. STREET	200 No	th Aisc	uith	4	5	1
1. BIRTHPLACE (S	tote or foreign country	,	TIZEN OF	13. FATHER						
		W	HAT COUNTRY?							
	PATION (Give kind of wo		USINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	AME		-		() 3
		,								
	ED EVER IN U.S. ARM (If yes, give wor or dot		17. SOCIAL SECURITY NO.	18. INFOR	MANT		Al	DDRESS		
1.0								1 40	DOVING TE IN	TED (A)
19. 79	5 /1		CAUSE OF DEA		January des				PROXIMATE IN EEN ONSET AN	
	E OR CONDITION DI	RECTLY		Sudden	death in	iniano	y			
	LEADING TO DEATH of meon the mode of	dying, e.g.,	(A) IMMEDIATE	AS A CONSEC	HENCE OF:					
heort foilure,	, osthenio, etc. It meons aplication which coused	the diseose,	00E 10, 0K	AS A CONSEG	OLINCE OI.					
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR				R AS A CONSEQUENCE OF:					
RISE TO THE	ABOVE CAUSE (A) S									
	TO CONDINION LAS		(C)			de also difficulte con also also also also ano also con also con also ano also allos also ano also allos also also also also also al				
OTHER SIGN	II FICANT CONDITIONS	CONTRIBUTING								
	ATH BUT NOT RELATED CONDITION GIVEN IN		,							
ш	OPERATION 20B. C	ONDITION FOR V	VHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes o	r No)
2									Yes	
	NAL CAUSE WAS	22B. P	ACE OF INJURY(e.g., form, foctory, street, office	in or obout	2C. WHERE DIE	(If in Boltimor	e City, give exc	oct locotion)		
UTING CA	USE OF DEATH.									
OF INJURY	(Month) (Doy) (Y	' ' '	E.INJURY OCCURRED		2F. HOW DID I	NJURY OCCI	IR?			
(APPROX.)				WHILE WORK						
23.	ify that I held on	Inquiry 🗌	Inspection Au	utopsy X	ond that on	this bosis,	deoth in my	opinion		
result	ted from: Natural c	ouses X Ac	eident Suici	de H	omicide	Undetermi	ned monner			
	NO	0			CHIEF MEDICAL	EXAMINER			D. 4.T.F. (1.01)	I.E.D.
ACTUAL SIGNATI	IDE (leas	200	x 2 mil	ASSI	STANT MEDICA		X		DATE SIGN	1FD
EXAMINI NAME (T	ER'S Charle	s S. Spri	ngate, M.D.		CIATE MEDICA	LEXAMINER	□ Jan	uary 2	3, 196	9
24A. BURIAL CREA	MATION, 24B. DATE	240	NAME of CEMETERY	or CREMATO	ORY 240	LOCATION	(City, town	n, or county)	(Stot	le)
REMOVAL (Special	2-20	P-69 N	redical Fun	iners 1	SEGG.	130/1			MA	
25A. DATE REC'D	BY HEALTH DEPT.	1/(OF REGISTRAR	25C.	FUNERAL DIREC	TOR	Δ	DDRESS		
	AR 1 3 1969	O Lesto &	E. Ferbana	M	ORTUAL	ATT OF		. BC	HU	

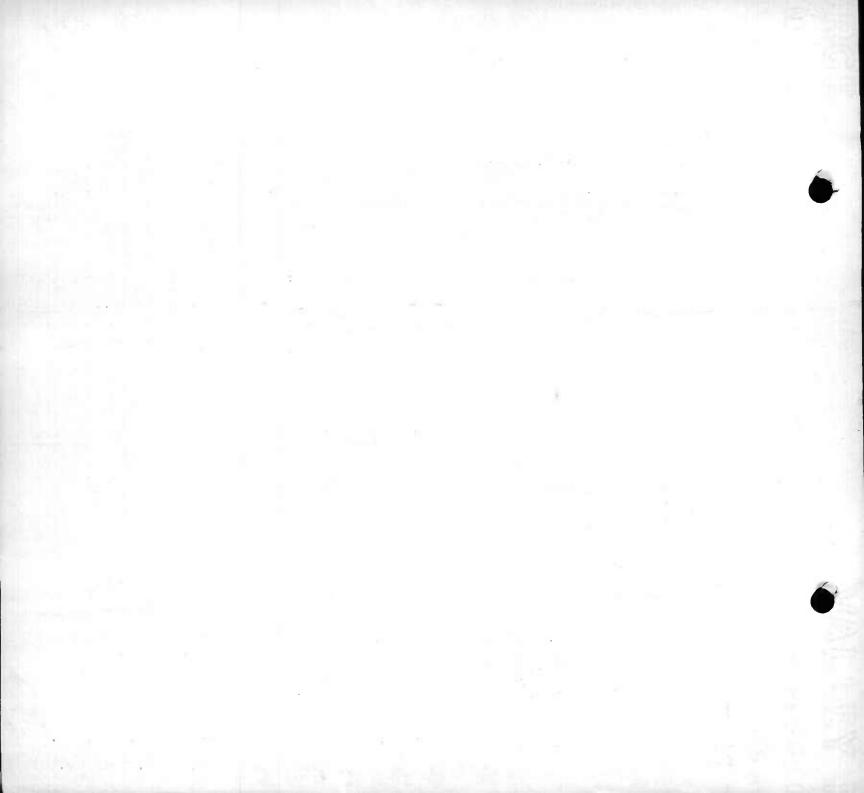
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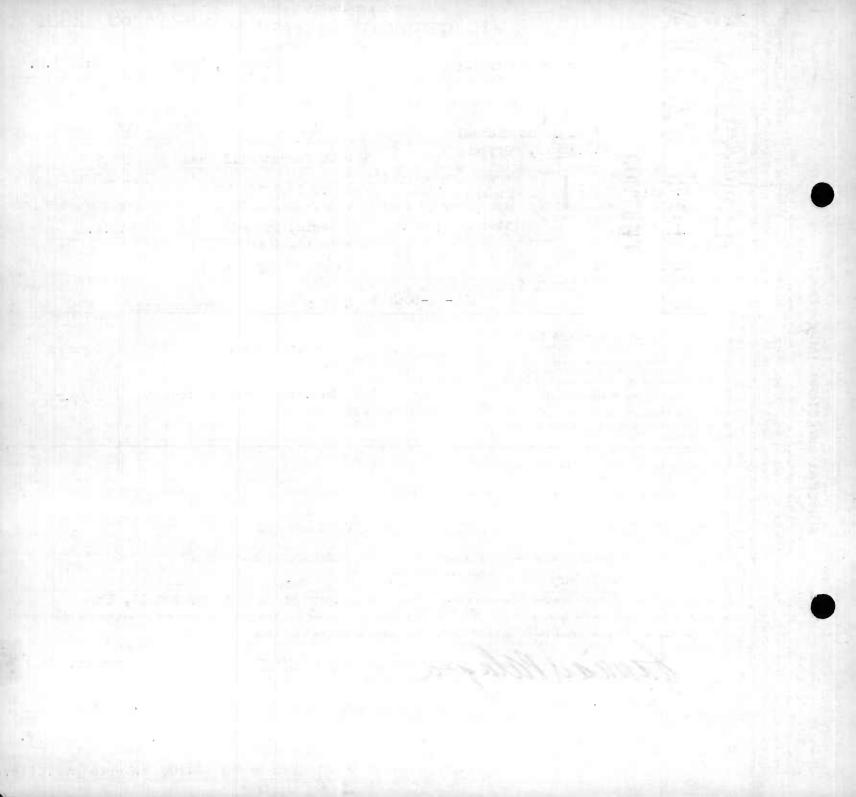
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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

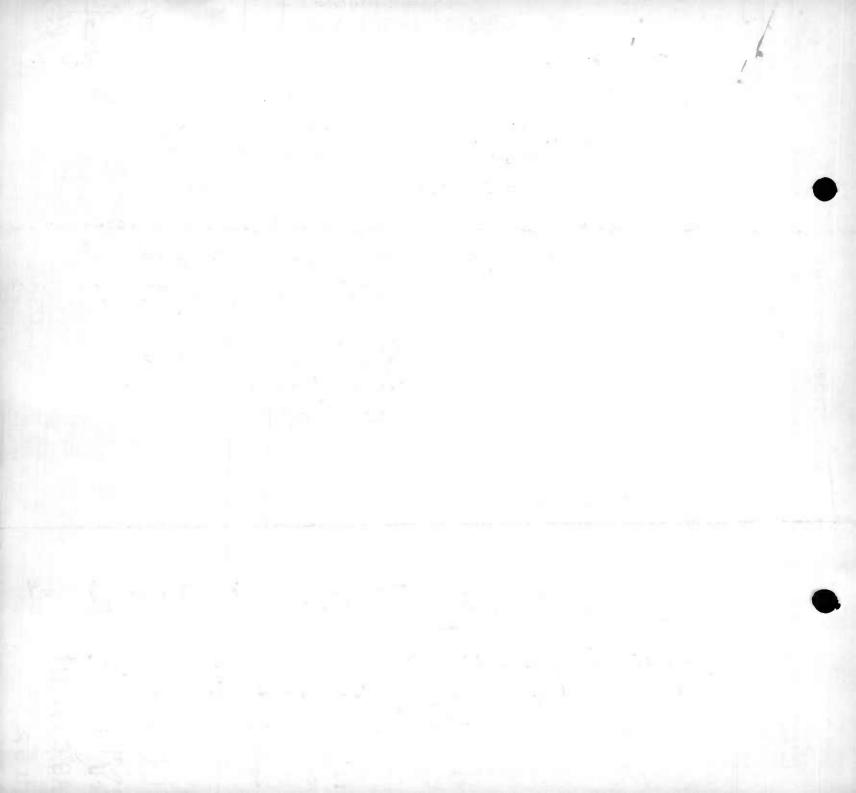


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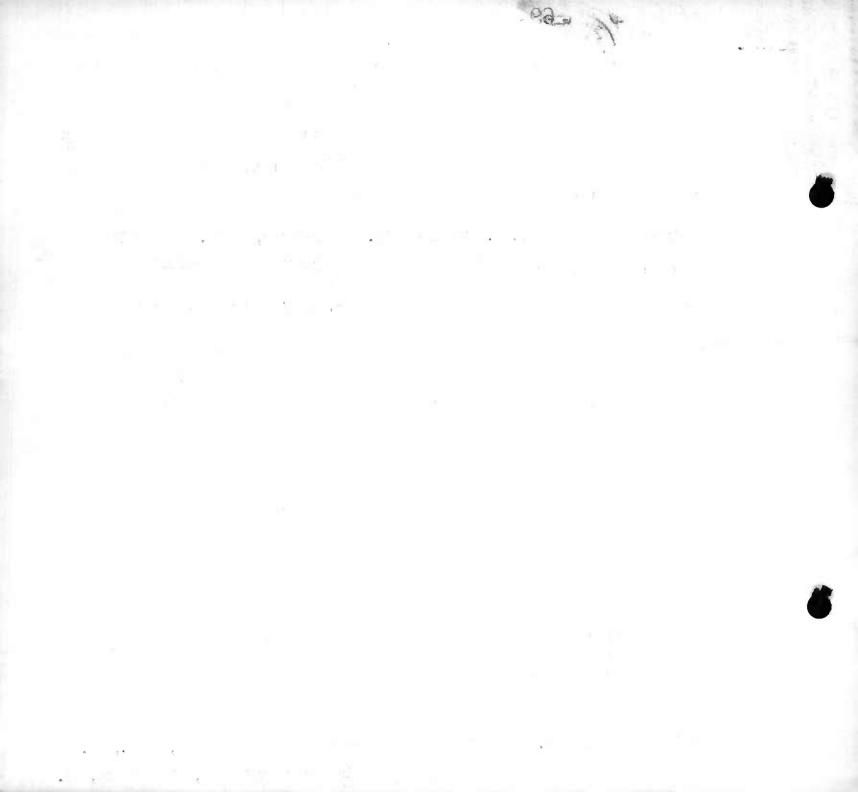
DIRECTOR:

FUNERAL



DIRECTOR:

FUNERAL



1/	E	89 /69/	TE OF DEATH REG. NO. 69 2694					
5	1	NAME OF DECEASED Type or Print	2. DATE AND HOUR OF DEATH					
•	Ш	DI STEFANO, MATTIE ESTELLE	MARCH 10, 1969 11:32 P					
5	11	L PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY					
3	11.4	USETNAMENTS (HOSPIN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND BALTIMORE COUNTY 53-00					
2 4	P	WILKENS & CATON AVENUES	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
5			BALTIMORE YES NO 🖺					
0		BALTIMORE MARYLAND 21229	2741 ARBUTUS AVENUE					
is mad		FEMALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years of Under 1 Yt. If Under 24 Hrs. Months Days Hours Min.					
	di	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY and during most of working life, even if retired)						
isposition		Housewife Own Home	MARYLAND USA					
pos	113	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
dis		JOHN, ELLIOTT DEC'D	EMMA (FLEMMING) DEC'D					
final	(7	NO Social Security No. 10. S. Armed Forces? 16. SOCIAL SECURITY NO. 212034994B	ST AGNES HOSPITAL WILKENS & CATON AVE					
0		18. / 5 3 8 I CAUSE OF DEATH	ALL MONIMALE THIER AND					
pe		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	P. VEIN					
balm		(This does not mean the mode of dving an (A) IMMEDIATE CAU	SE TU MON 2RY THROMBOSIS LEEST HAN 12HES					
mpe		heart failure, osthenio, etc. It means the disease, injury or complication which coused death.)						
0		ANTECEDENT CAUSES	LOUSEQUENCE OF:					
are		DISEASES OR CONDITIONS, if any, giving ise to the above couse (A) stating the	A CONSEQUENCE OF:					
ins		UNDERLYING CONDITION last. (C)	**************************************					
before the remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CANCER OF THE COLON							
e l	FICA	19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION						
0	ERTI	33/6/69 WAS PERFORMED THE COLON	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
pefo	CALC	21A- ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	ar about 21 C. WHERE DID (II In Baltimare City, give exact lacation)					
obtained	MEDI	21 D. TIME (Month) (Day) (Year) (Hand 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
a:	^	(APPROX) Work At Work	h-ad					
opt		22. I certify that (N) (this hospital) attended the deceased from F.E.B.	RUARY 26, 19.69 to MARCH 10, 19.69					
pe		thotXIX(we) lost saw the deceased alive on MARCH 10,	19 69 ond that in (my) (our) opinion death occurred on the date					
ıst		and hour and from the couses stated above. (4) (We) (did) (did not) vi	ew the body ofter deoth.					
must		23A-SIGNATURE A A A A A A A A A A A A A A A A A A A	23B, DATE SIGNED					
DA		DEGREE Phys.	Director Phys. A					
orc		FRANK M DETORIE M D	D. ADDRESS BALTIMORE MD 21229					
n approval	24.	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	AATORY 240. LOCATION (City, town, or county) (Stole)					
‡	2.5	Burial 14 Mar.69 Cedar Hill Ceme	etery Baltimore AA Co. Md.					
written	25.	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
	VS	150-REV. 1/1/68	Kirkley Kuneral Home, Glen Burnie, Md.					

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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S			DEAT	H BEC NO	69	2695
BIRTH NO.					REG. NO.		
1. NAME OF DECEASED (Type or Print)		2. DATE OF	Known X	Month	Doy	Yeor	Hour
RALPH R. MYERS		DEATH	Estimoted	3	10	69	11:05 a
4. PLACE IN BALTIMORE, MARYLAND, WHERE PR		3. DATE PRONOUN	CED DEAD	Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL ADDRESS OR LOCATION)	IIIUIION, GIVE STREET	TROTTOGIT	CLD DLAD	March	10,	1969	11:05 ам.
OR INSTITUTION		5. USUAL RESIL	DENCE (When	e deceosed l	ved. If institution B. COUNTY	: residence	before admission)
9 W. Preston St	. D.O. A		ryland		B. COUNTY	/	1-02
6. SEX 7. RACE B. MARE	IED NEVER MARRIED	C. CITY OR TO	WN		D. INSIDE CI	TY LIMITS?	
wipov		Balto			VI	es 🗆	NO 🗆
9. DATE OF BIRTH 10. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	E. STREET AND				-3	110
9/2/03 lost birthdoy)	Months Doys Hours Min.	0	II D.		_		
11. BIRTHPLACE(State or loreign country)	12. CITIZEN OF	13. FATHER'S	W. Pres	ston 5	L.		
Maryland	WHATSCOUNTRY?		C. Mye				
14A.USUAL OCCUPATION (Give kind of work) 14B. KINE	5						
done during most of working life, even if retired)	OF BOSHAESS ON HADOSIN	is. Montex 3					
Oil Burner Mechanid	0 117 606141	10 INFORMA	Maude			DDDECC	/
16. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give wor or dotes of service		18. INFORMAL					(Brother)
No	577 09 0505		. Myers	-199	Rollins	Ave.	Apt # 40
19. 5 21 81	CAUSE OF DEA	TH					PPROXIMATE INTERVAL VEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH	(A)IMMEDIATE C	AUSE F	atty li	ver			
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		AS A CONSEQUE	NCE OF:				BB (Um () 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
injury or complication which coused death.)							
ANTECEDENT CAUSES (B)							
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE						
II I INDERIVING CONDITION LAST							
Z GYNERIUM GYNERIUM EAST	(c)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	INC						
TO THE DEATH BUT NOT RELATED TO THE TERM							
DISEASE OR CONDITION GIVEN IN PART 1 (A)	FOR WHICH OPERATION! W	AS DEDECORASED				21 ALITO	OPSY? (Yes or No)
O 7	FOR WHICH OPERATION W	45 PERFORMED				ZI. AUIC	7F3 17 (163 01 140)
							YES
≤ 22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-	22B.PLACE OF INJURY (e.g., home, form, foctory, street, offic	in or obout 22C. e bldg., etc.) INJU	WHERE DID JRY OCCUR?	(If in Boltimo	re City, give exc	oct locotion)	
UTING CAUSE OF DEATH.							
Z2D. TIME (Month) (Doy) (Year) (Hou		22F.	HOW DID IN	JURY OCC	UR?		
(APPROX.)	m. WHILE AT NOT AT W	WHILE O					
23.							
I certify that I held on Inquiry	Inspection Au	topsy XX	ond that an t	his basis,	death In my	opinion	
resulted from: Natural causes	X Accident Suicio	le Homi	cide 🗌	Undeterm	ined monner		
4007	1	СН	EF MEDICAL	EXAMINER			
ACTUAL (Vil	ASSISTA	NT MEDICAL	FXAMINER	xx		DATE SIGNED
SIGNATURE	M.D						
EXAMINER'S NAME (Type) Edward F.	Wilson, M.D.	ASSOCI	ATE MEDICAL	EXAMINEK		2	/10/69
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	or CREMATORY	24D.	LOCATION	(City, tow	n, or county	
REMOVAL (Specify) Burial 3/13/69	Potomac Cemet						
					c, Mary		
368615 76661 5	IAME OF REGISTRAR		VERAL DIRECT			DDRESS	Dit
MAR 1 3 1959 R. J. J.	E, JUNGERMA	Lyso	n Wheel		331 Roc!		
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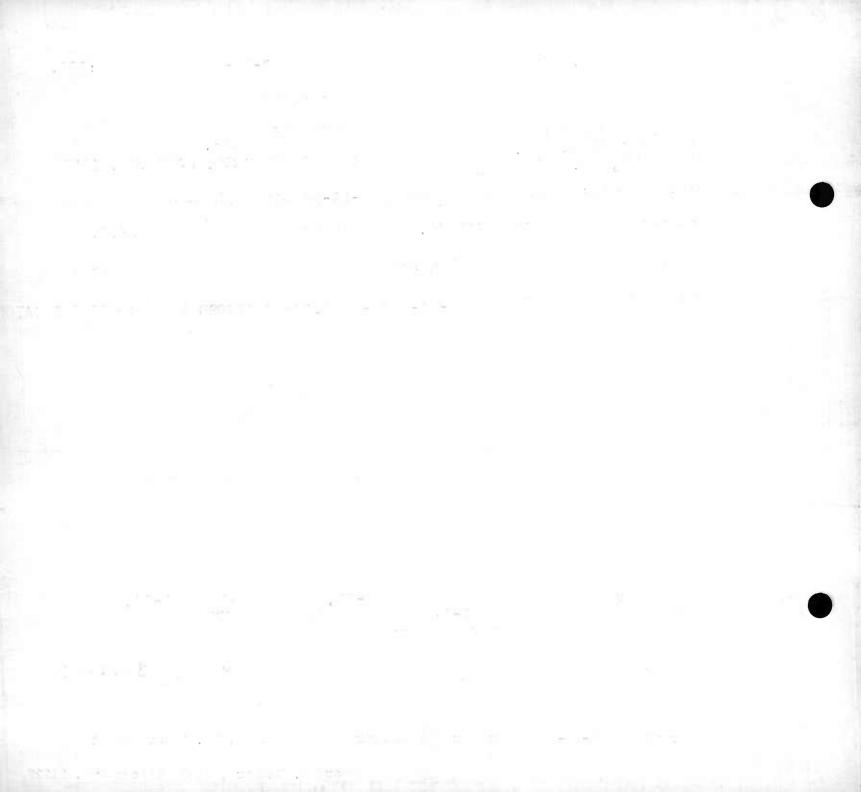
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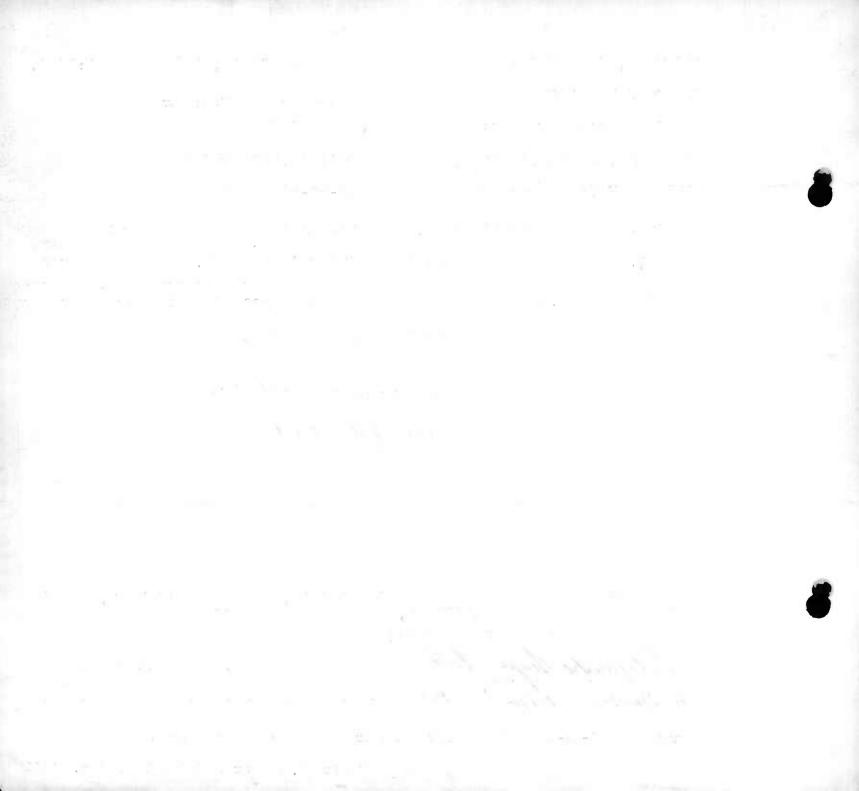
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DIRECTOR:

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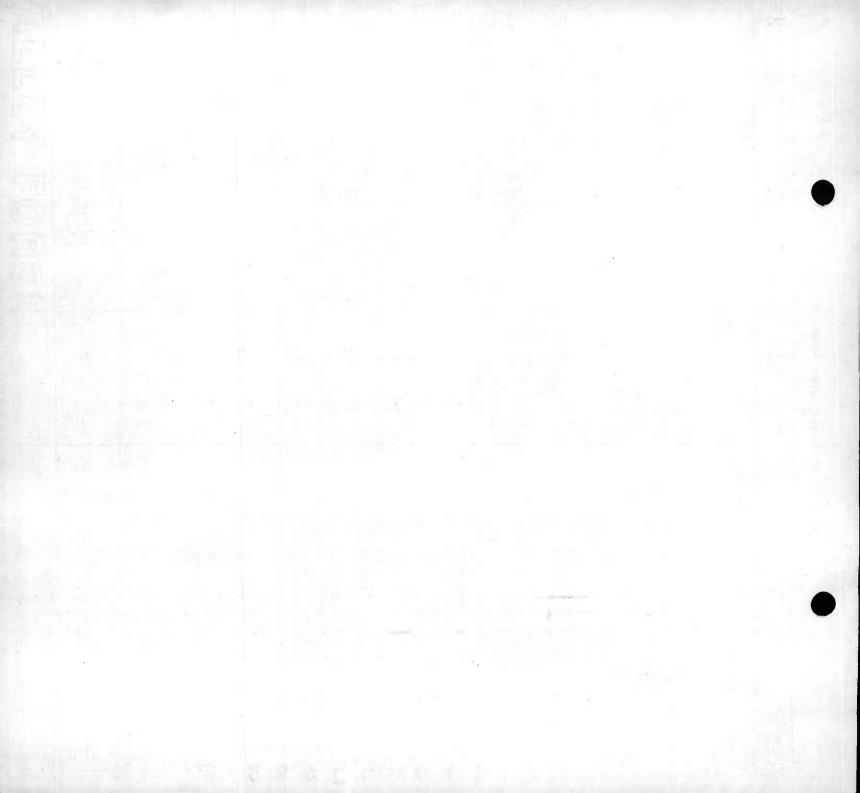
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5727 Chromowol Disserved CALLY OF FROME AND HOSPITAL BOOK THOSE WAS A PROSPER. 4-4-87 81 W. Vo. 1 ctied W. Va A. H. Olica Colony A MEX Cardin: arrest AS HID VENDERAGION IS EDELT IN THIS PORT THEFT

ATE OF DEATH		
AIFULITAIN	REG. NO	69 27/00
	ND HOUR OF DEAT	
Marc	n 7, 1969	2 P.M.
4. USUAL RESIDENCE (Who	ere deceased lived. If	institution: residence before admission
	NII	MAI
		1-00
	D. IN	SIDE CITY LIMITS?
		YES NO
500 N. Belne	ord Ave.	
B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
77 77 7007		Months Doys Hours Min.
Nov. 15, 1881		
11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNT
Morrisond		U.S.K
	AAP	0.0.4
Sarah F	. Eney	
17. INFORMANT	•	ADDRESS
	90% Fallah	
mil. E. Carnes,	KED FRIISD	rook Road, Z1095
TH		APPROXIMATE INTERVA
Leinscherse	ی	10 years

20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WER	
A010131, 1100 01 11	IN CEPTIEVING C	FINDINGS CONSIDERED
A 510131, 1105 51 11	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
, in or obout 21 C. WHERE DID		E FINDINGS CONSIDERED AUSES OF DEATH?
, in or obout 21 C. WHERE DID office bldg.,	(If in Boltim	
, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	
office bldg. 21C. WHERE DID NJURY OCCUR?	(If in Boltim	
office bldg. 21C. WHERE DID NJURY OCCUR?	(If in Boltim	ore City, give exoct location)
ain or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exoct location)
in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exoct locotion)
in or obout 21 C. WHERE DID office bidg. NJURY OCCUR? 21F. HOW DID IN.	(If in Boltim	ore City, give exoct locotion)
in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exoct locotion)
21F. HOW DID IN.	(If in Boltim	ore City, give exoct locotion) 19 6 9 pinian deoth occurred on the d
ain or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN. 19 6 9 ond the view the body ofter death. Med. Director Direct	(If in Boltim	ore City, give exoct locotion)
in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN. 19 16 9 ond the view the body ofter death.	(If in Boltim JURY OCCUR? 19 5 6 ta Manat in (my) (aut) of	ore City, give exoct location) 19 6 9 pinian death occurred on the d
21F. HOW DID IN.	(If in Boltim JURY OCCUR? 19 5 6 ta Manat in (my) (aur) of	ore City, give exoct locotion) 19 6 9 pinian deoth occurred on the d
21F. HOW DID IN.	(If in Boltim DURY OCCUR? 19 5 5 ta Manat in (my) (a) of Phys.	ore City, give exoct locotion) and 7, 19 69 pinian deoth occurred on the d 238. DATE SIGNED 3-8-69
in or obout 21C. WHERE DID office bidg., NJURY OCCUR? 21F. HOW DID IN. 19 6 9 ond to view the body ofter death. Whending Med. Director	(If in Boltim DURY OCCUR? 19 5 5 ta Manat in (my) (a) of Phys.	ore City, give exect locotion) Auc. 7. 19.69 pinion deoth occurred on the d 23B. DATE SIGNED 3-8-69
21F. HOW DID IN.	(If in Boltim DURY OCCUR? 19 5 5 ta Manat in (my) (a) of Phys.	ore City, give exect location) 19 6 9 pinian death occurred on the d 238. DATE SIGNED 3 - 8 - 6 9
21F. HOW DID IN.	(If in Boltim DURY OCCUR? 19 5 5 to Manda in (my) (com) of phys. Cocation (Cocation)	ore City, give exect location) 19 69 pinian death occurred on the death occurred occurred on the death occurred on the death occurred occurred on the death occurred occurred on the death occurred occurred occurred on the death occurred occu
	Marci 4. USUAL RESIDENCE (Wh. A. STATE B. COUR Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER 500 N. Belne B. DATE OF BIRTH Nov. 15, 1881 RY 11. BIRTHPLACE (Stole or fore Maryland 14. MOTHER'S MAIDEN NA Sarah F 17. INFORMANT WM. E. Carnes, ATH AUSE S A CONSEQUENCE OF: Values Course Values	March 7, 1969 4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER 500 N. Belnord Ave. B. DATE OF BIRTH P. AGE (In years lost birthday) Nov. 15, 1881 87 RY 11. BIRTHPLACE (State or foreign country) Maryland 14. MOTHER'S MAIDEN NAME Sarah F. Eney 17. INFORMANT Wm. E. Carnes, 223 Fallsb SA CONSEQUENCE OF:



RUSSIAN DE TO SVENETA

CHARLES AND LAND LANDS

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LINESPENDENT BARRY

STATE OF STREET

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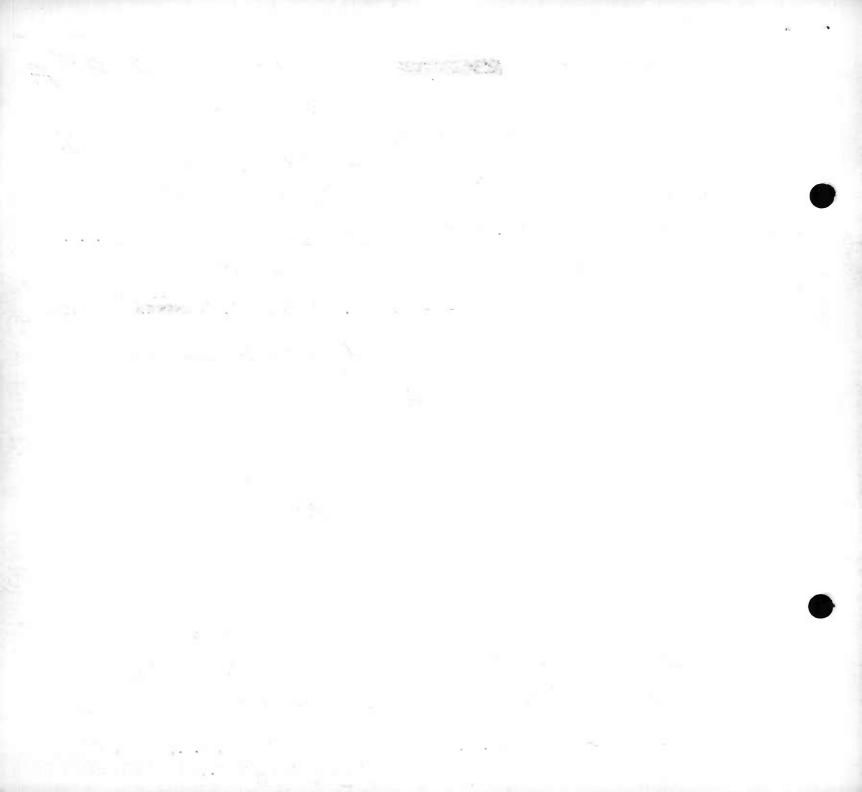
IMPORTANT

FUNERAL DIRECTOR:

5.7.195 Buldenme where the grander the perfect the sander and the 12-1-07 ce il game white Bertha Engel. Jame Heeley -16-44-6434 (re libert d. Martingen of 160-40-40achen Julius Return dendin Hear Janof sile of several and mount feet for

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death-shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

1	69	2703 BALTIMORE CITY	HEALTH DEPARTMENT		
BI	W-216	CERTIFICA	TE OF DEATH	reg. No. 69	2703
1. (T)	NAME OF DECEASED (Pe or Print) MARVIN WEISBERG	G		ND HOUR OF DEATH	71 225
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceosed lived. Il instituti	ont residence before admission
H	JLL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYAND	Beltmoke	
	ISTITUTION HOST TOLON	Baltimore	C. CITY OR TOWN	D. INSIDE C	
	opa, Mayora q	NON//WEL	E. STREET AND NUMBER	ed Way	No No
1	90/2 COUC WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	5/18/13	lost birthdoyl	Under 1 Yr. II Under 24 Hr nths Doys Hours Min.
ior	A. USUAL OCCUPATION (Give kind of work 10 B, KIN the during most of working life, even if retired) SALESMAN RES	T. EQUIPMENT	NEW YORK	ign country) 12.	CITIZEN OF WHAT COUNTR
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	M.E.	4,0,7,
	JOSEPH WEISBERG		FANNIE BERNSTEIN		
5. Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown! (If yes, give wor or dates of sen	icel SECURITY NO.	17. INFORMANT		WAY
	NO		MRS. LEAH WEISB	ERG. 41	WAY #21208
_	18. 4/0,91	CAUSE OF DEATE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	LEADING TO DEATH IThis does not meon the made of dying, heart failure, asthenio, etc. It means the distingury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give to the above couse (A) stating UNDERLYING CONDITION last.	iving (B) (B) (C) OR AS	SE MY OC ARCHIA A CONSEQUENCE OF:	al defaution	
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION I	NAL		•••••••••••••••••••••••••••••••••••••••	-00110111111111111111111111111111111111
CERTIFIC	WAS PERFORMED		20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSES	
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofity medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 2TC. WHERE DID injury occur?	(If In Boltimore City,	give exoct location)
MEDI	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While AI Not While Work At Work	21F. HOW DID INJI	JRY OCCUR?	
	22. I certify that (I) (this hospital) attend	ed the deceosed from	1	9 ta	10
	that (i) (we) lost sow the deceased alive	on	19and the	ot in (my) (our) opinion	death accurred an the do
	and hour and from the causes stated abov	e. (I) (We) (did) (did nat) vi	ew the bady after death.	DO.A.	DAJE SIGNED
	Moma State	DEGREE PHYS.	ding Med. Director	Shaff Phys.	Monch 1969
24.0	NAME (Type) MORRES OS TRA	M DEGREE	Smai Hospi	tol of Bal	Hmoke E
C TO PA	KEMIO VAL (Specify)	O.NAME OF CEMETERY OF CRE	MATORY 2/D. LO	CATION / (City. low	n, or county) (Stole)
	MOVAL-BURTAL 3-7-69 DATE RECOND HEALTH DEPT. 258. NAV	ME OF REGISTRAR	FLUS	HING, L.I., NE	
	DATE RECONTHEALTH DEPT. 25B. NA	to the Paris		BROS 6010 RE	ISTERSTOWN ROAL
S	150-REV. 1/1/6B		T 3 - 9 - 3 - 1	- ,	



IMPORTANT

DIRECTOR:

FUNERAL

REG. NO. CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? NO 2615 W. BELVEDERE AVENUE, APT. 1 B If Under 1 Yi. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS ANNA ROSEMAN. 2615 W. BELVEDERE AVE BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH (If in Boltimore City, give exoct lacotion) magel and that in(my) (our) apinian death accurred an the date (City, town, or county) shows: BALTIMORE. MARYLAND 90 We de LEVINSON & BROS. 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

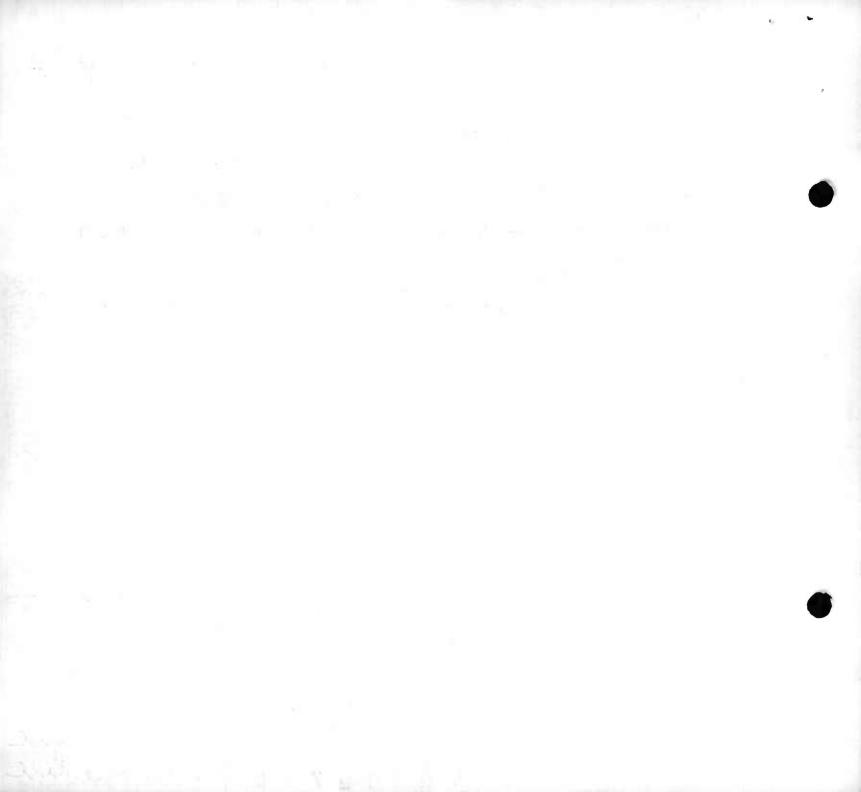
BALTIMORE CITY HEALTH DEPARTMENT

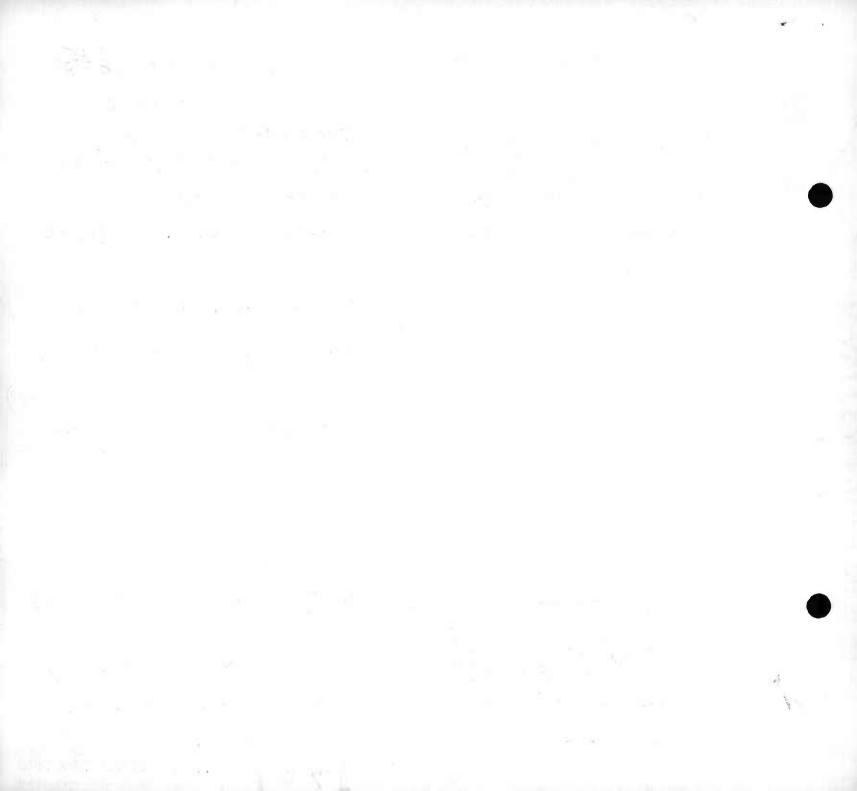
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DATE OF THE ATTA, AND THE OWNER TO SERVE THE

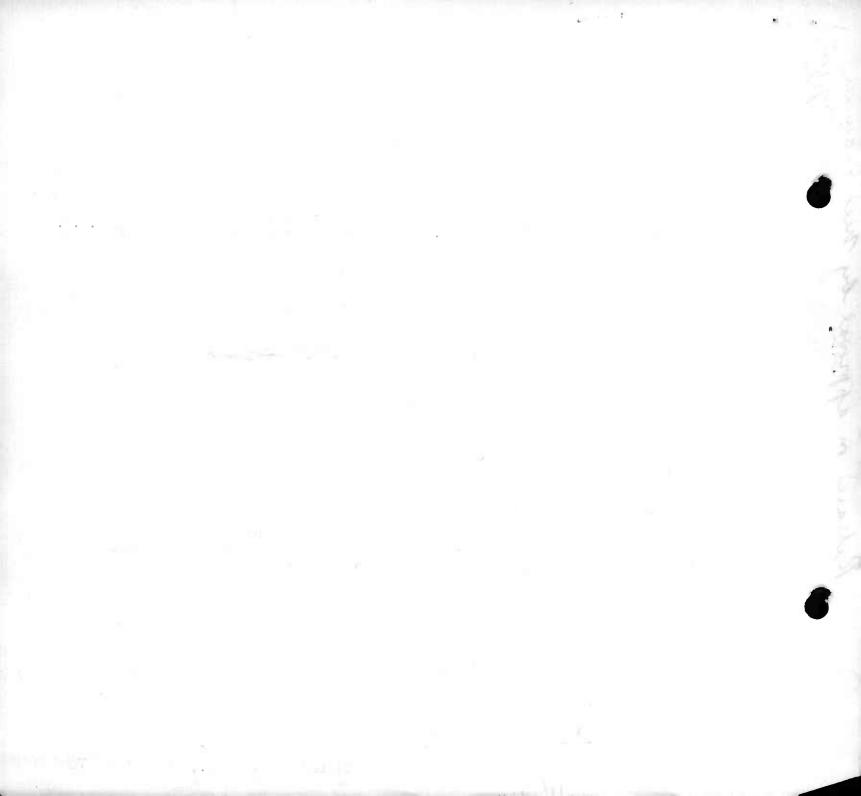
	545 69 2705 BALTIMORE CITY HEALTH DEPARTMENT REG. NO.	69 2705					
	BIRTH NO. CERTIFICATE OF DEATH						
	(Type or Print) 1205 E SHUMM AN (SHULMAN)2. DATE AND HOUR OF DEATH						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission) A. STATE B. COUNTY						
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION! 42 5 / N # 1 Hospital E. STREET AND NUMBER 80 1 Clover Road						
•							
Hade		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
2	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
aisposition	done during most of working life, even if retired) of Home RUSSIA	2150					
205	13. FATHER'S NAME	70077					
SID	Herschil Lipsitz, Sisha?						
India	15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT	ADDRESS Road					
_	18. CAUSE OF DEATH	APPROXIMATE INTERVAL					
0	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
	IThis does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	20.					
3	heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.)						
9	ANTECEDENT CAUSES (B) ASCUD Several years						
0	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: ise la the above couse (A) stating the	**************************************					
dins	UNDERLYING CONDITION lost. (C)						
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	39.					
9	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	IDINGS CONSIDERED					
	WAS PERFORMED IN CERTIFYING CAUSE	ES OF DEATH?					
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore Contributing Cause Of DEATH Inotify medical examines) 21D. TIME (Manth) (Doyl (Year) (Hous) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Cause of the contribution of the	City, give exact location)					
3 0	21D. TIME (Manth) (Doyl (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	Mark At Work	1					
5	1000	arch 8 19 6 9					
90	that (I) (we) last sow the deceased alive an Merch 1969 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE						
must							
	h) and Med. Stoff	3.8.69					
0	29C. PHYSICIAN'S NAME (Type) 23D. ADDRESS						
approva	DANIGE GREENWALD MD DEGREE SURGE HOSPITAL	,					
	Day also las	town, or county) (Stotal					
Written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125G. FUNERAL DIRECTOR 2 14 () ADDRESS 1						
	25A. DATE RECID BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 30C 60	10 Rest Raul					
-	VS 150-REV- 1/1/68						





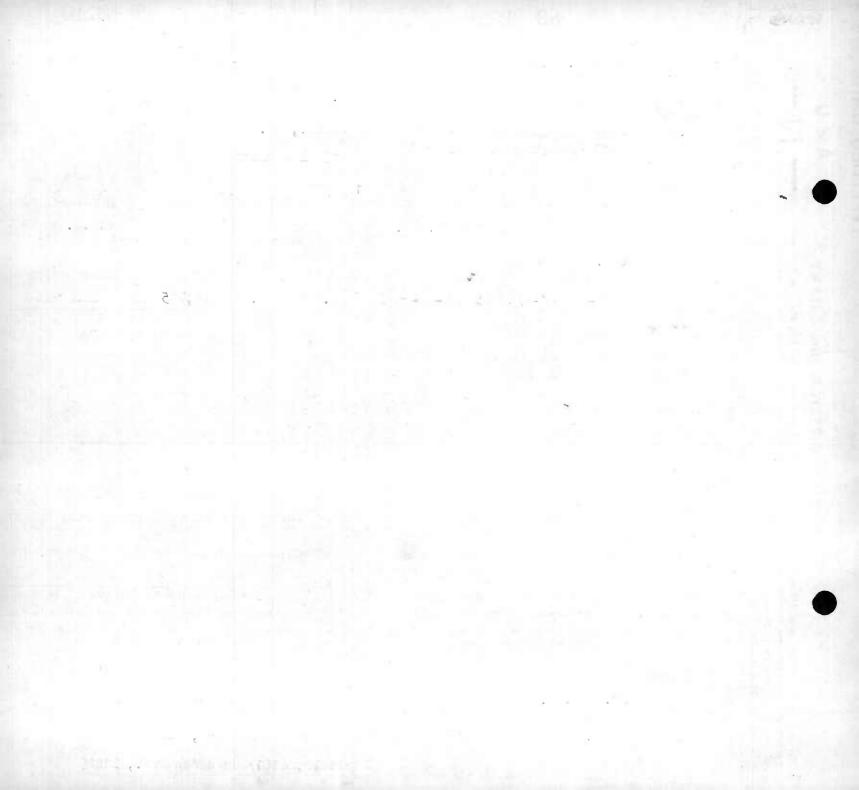
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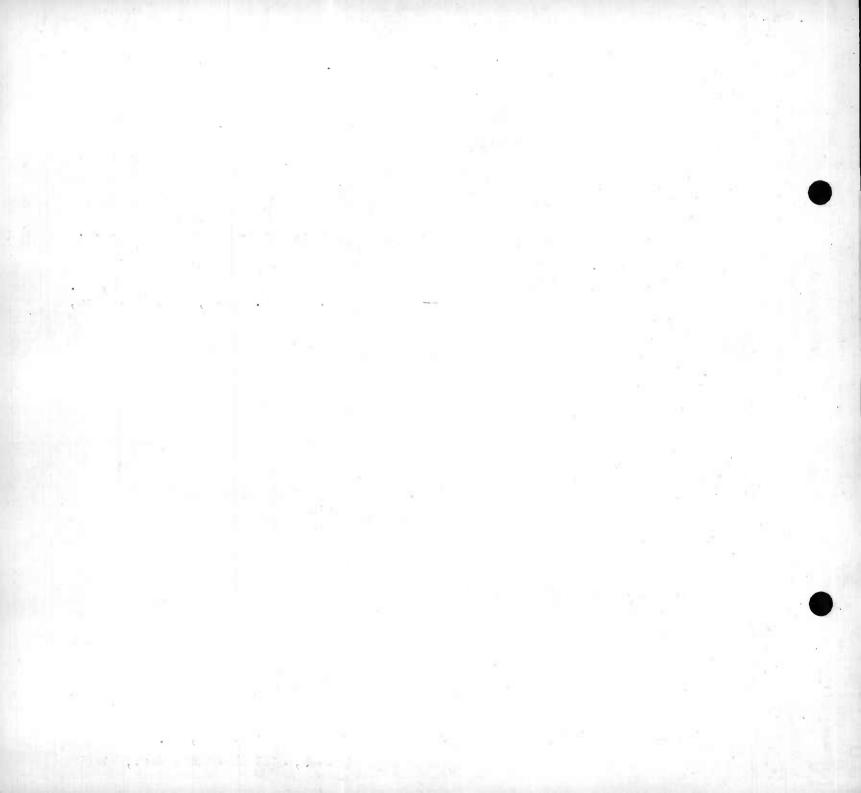
3 To a second seco 17 V = 2 3 F- 8 STEPPER D. F. SERBERT IN D. LANGUER D. C. SARVETT

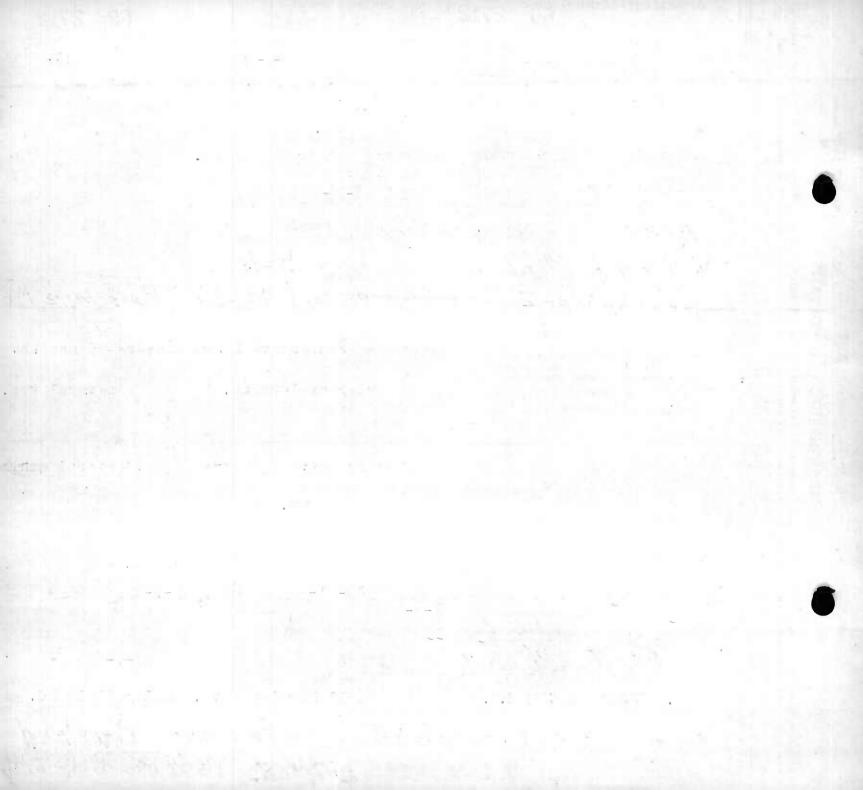


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Mrs. Joseph 11 756 Street Street St.

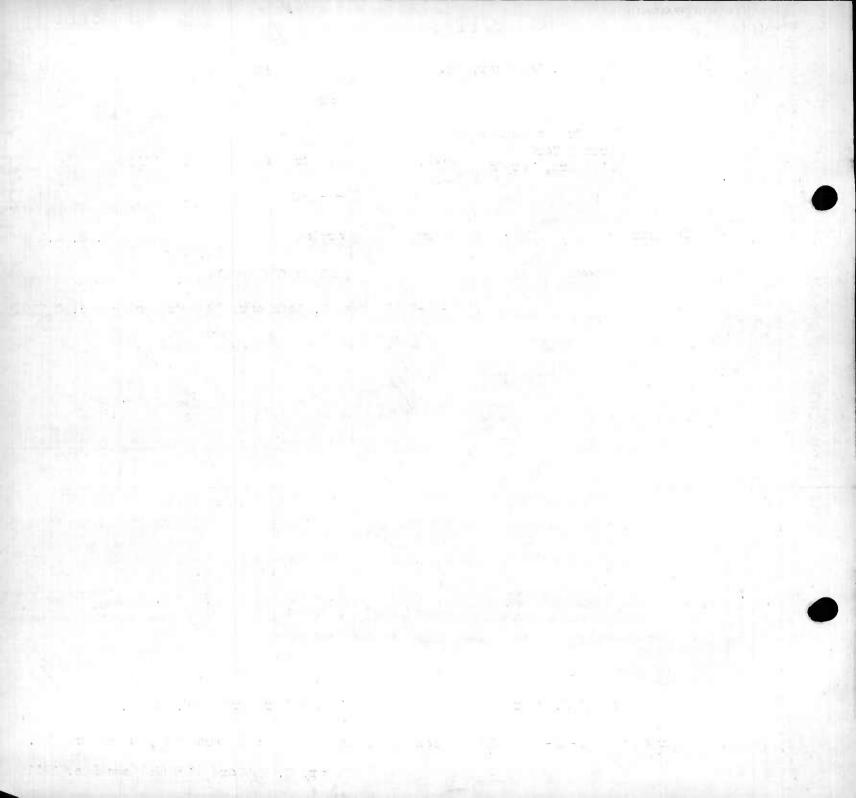






	•	BALTIMORE CITY HEALTH DEPARTMENT	
77-	200	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N	69 2713
		BIRTH NO.	
		1. NAME OF DECEASED (Type or Print) 2. DATE Known OF Manth Day	Year Haur
		RICHARD DIGGS DEATH Estimated 3 9	69 5:15 рм.
		4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Manth Day PRONOUNCED DEAD PRONOUNCED DEAD	Year Haur
		HOSPITAL ADDRESS OR LOCATION) March 9.	1969 5:15 p.m.
		OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institut A, STATE B. COUNTY	
		Provident Hospital A. STATE Maryland B. COUNT	16-02
			CITY LIMITS?
		w 1 0 1 1	YES NO
		MAIE Colored WIDOWED DIVORCED Balto.	YES NO L
		To 10 104 last birthday) Manths, Days, Haurs, Min.	
		11. BIRTHPLACE (State of fareign country) 12. CITIZEN OF 13. FATHER'S NAME 4	
		11. BIRTHPLACE (State of Tareign country) 12. CITIZEN OF WHAT COUNTRY?	
		130/10: 1/10: 2/105 1/1998	
		14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)	
		Latoron ///any/homas	
		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn)(If yes, give war ar dates af service) 17. SOCIAL SECURITY NO.	ADDRESS
		219-07-30B / Wanner 809 41 St	Vinet SK
		19. CAUSE OF DEATH	APPROXIMATE INTERVAL
		5 /1.8	BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH	
		(A) IMMEDIATE CAUSE FACTY LIVER (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
		ANTECEDENT CAUSES (B)	8
		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	The state of the s
		UNDERLYING CONDITION LAST.	
		0	
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
		TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
		DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes ar Na)
		la l	
		₹22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., in ar about 22C. WHERE DID (If in Baltimare City, give	YES
		hame, farm, factory, street, affice blda, etc.) INJURY OCCUR?	exact lacation)
		UTING CAUSE OF DEATH.	
		22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
		(APPROX.) m. WHILE AT NOT WHILE AT WORK	
		23.	
		I certify that I held an Inquiry Inspection Autopsy XX and that an this basis, death in n	ny apinian
		resulted from: Natural causes 📉 Accident 🗌 Suicide 🔲 Hamicide 🔲 Undetermined manne	HT .
		CHIEF MEDICAL EXAMINER	
		ACTUAL ASSISTANT MEDICAL EXAMINER XX	DATE SIGNED
		SIGNATURE M.D. ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	
		NAME (Type) Edward F. Wilson, M.D.	3/10/69
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION	
		REMOVAL (Specify)	1/1/
		Journal Pille III I I I I WIN COM JOULE. 17	14,
		25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNE AL DIRECTOR	ADDRESS
		MAR 1 3 1969 R. Carlo E. Sankoupan Milliams Yunka Ha	21.219 11 Lahrorder
		VS 151-REV. 1/1/68	and in a dir and

21 Former State Linde Good Stating & LOHE TE Buried 3 to Mr. M. F. Automorton Level Ja Hills



IMPORTANT

FUNERAL DIRECTOR:

THEALTH DEPARTMENT TE OF DEATH 2. DATE AND HOUR OF DEATH ADDIEST.	
2. DATE AND HOUR OF DEATH	
I MADCH TO TOTO . TO OR	
MARCH 10, 1969 12:05	
4. USUAL RESIDENCE (Where deceased fived, If institution; residence before	e admissio
	0
MARYLAND (22/2) 3 3 - 0 0 2 1 2 2	0
C. CITY OR TOWN D. INSIDE CITY LIMITS?	_
BALTIMORE YES NO	
E. STREET AND NUMBER	
4813 WILKENS AVENUE 21228	
8. DATE OF BIRTH 9. AGE (In years III Under 1 Yr If Un	nder 24 H
10/22/95 last birthdoy) Months Doys Hours	Min
11. BIRTHPLA CE (State or loreign country) 12. CITIZEN OF WHAT	COUNT
MARYLAND U.S.A.	
14. MOTHER'S MAIDEN NAME	
ANNA XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
17. INFORMANI Lins, 4811 Wilkens Ave. ADDRESS 21	228
T CT ACMEC HOCDITAL DECORDS	.220
7 ST AGNES HOSPITAL RECORDS'S	
A CONSEQUENCE OF:	
CUO	
20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
NU n or obout 21G. WHERE DID (If In Boltimore City, give exoct location fice bidg., INJURY OCCUR?	
nce bidg., INJURY OCCUR?	
21F. HOW DID INJURY OCCUR?	
21F. HOW DID INJURY OCCUR?)
21f. HOW DID INJURY OCCUR? BRAURY 10 19 69 to MARCH 10	19 69
21F. HOW DID INJURY OCCUR? BRAURY 10 19 69 to MARCH 10 19 69 ond that InViry) (our) opinion death occurred o	19 69
21f. HOW DID INJURY OCCUR? BRAURY 10 19 69 to MARCH 10	19 69
21F. HOW DID INJURY OCCUR? BRAURY 10 19 69 to MARCH 10 19 69 to M	19 69
21F. HOW DID INJURY OCCUR? BRAURY 10 19 69 to MARCH 10 19 69 ond that Invity) (our) opinion death occurred of the bady ofter death. 23B. DATE SIGNED	19 <u>69</u> on the do
21F. HOW DID INJURY OCCUR? BRAURY 10 19 69 to MARCH 10 19 69 ond that InXiny) (our) opinion death occurred or lew the bady ofter death. 23B. DATE SIGNED andling Med. Staff Director Phys. A 03/10/69	19 <u>69</u> on the do
21F. HOW DID INJURY OCCUR? BRAURY 10 19 69 to MARCH 10 19 69 ond that Invity) (our) opinion death occurred of the bady ofter death. 23B. DATE SIGNED	19 <u>69</u> on the do
21F. HOW DID INJURY OCCUR? BRAURY 10 19 69 to MARCH 10 19 69 ond that InViny) (our) opinion death occurred of lew the bady ofter death. 23B. DATE SIGNED 19 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10	19 <u>69</u>
21F. HOW DID INJURY OCCUR? BRAURY 10 19 69 to MARCH 10 19 69 ond that InViny) (our) opinion death occurred of lew the bady ofter death. 23B. DATE SIGNED 19 69 to MARCH 10 23B. DATE SIGNED 10 03/10/69 23D. ADDRESS ST. AGNES HOSPITAL CATON & WILK	19 69 on the do
21F. HOW DID INJURY OCCUR? BRAURY 10 19 69 to MARCH 10 19 69 ond that InVinty) (our) opinion death occurred of lew the bady ofter death. 23B. DATE SIGNED 03/10/69 23D. ADDRESS ST. AGNES HOSPITAL CATON & WILK MATORY 24D. LOCATION (City. town, or county)	19_69 on the do
21F. HOW DID INJURY OCCUR? BRAURY 10 19 69 to MARCH 10 19 69 ond that InViny) (our) opinion death occurred of lew the bady ofter death. 23B. DATE SIGNED 23D. ADDRESS ST. AGNES HOSPITAL CATON & WILK MATORY 24D. LOCATION (City, town, or county) etery Baltimore City, Baltimore	19 69 on the do
21F. HOW DID INJURY OCCUR? BRAURY 10 19 69 to MARCH 10 19 69 ond that friendly) (our) opinion death occurred of lew the bady ofter death. 123B. DATE SIGNED 123D. ADDRESS ST. AGNES HOSPITAL CATON & WILK MATORY 24D. LOCATION (Gity. town, or county)	19 69 on the do ENS (Stote) Md.
21F. HOW DID INJURY OCCUR?	

Beet Variation of the sample of the

69	2716
M U	1776
13.7	F. 6 1 T

BIRTH NO.	EXAMINER'S C	CERTIFICATE OF	DEATH REG. NO	00 27.10		
1. NAME OF DECEASED		2. DATE Known	Manth Day	Yeor Haur		
(Type or Print) MARGERY Fox M	IONROE	OF DEATH Estimated	March 9, 19	969 UNK M.		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		3. DATE	Month Day	Year Haur		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	UTION, GIVE STREET	PRONOUNCED DEAD	March 10.	1969 11:45 AM		
OR INSTITUTION		5. USUAL RESIDENCE (Where				
3020 Deland Ave Ant 51	Q	A. STATE	B. COUNTY	13-17		
3939 Roland Ave. Apt. 51	D NEVER MARRIED	Maryland C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?		
MARKIE						
female white WIDOWE 9. DATE OF BIRTH 10.AGE (In years 1	D DIVORCED L f Under 1 Yr, If Under 24 Hrs.	Baltimore E. STREET AND NUMBER	YES	NO L		
	Nonths Days Hours Min.	E. STREET AND NOMBER				
			Avenue, Apt.	518		
	WHAT COUNTRY?	13. FATHER'S NAME				
Connecticut	9071	Aborn F. Smit				
14A.USUAL OCCUPATION (Give kind of work 14B. KIND (dane during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAM	ΛE			
saleswoman reitred Hutz	lens	unknown				
16. WAS DECEASED EVER IN U.S. ARMED FORCES!	17. SOCIAL SECURITY NO.	18. INFORMANT	AD	DRESS		
(Yes, no or Unknown) (If yes, give wor or dates of service)	2/3-20-0426	Family				
19.	CAUSE OF DEA	TH		APPROXIMATE INTERVAL		
4/8.4				BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		sclerotic Cardio	vascular Disea	ise		
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE O	AS A CONSEQUENCE OF:				
heart failure, asthenia, etc. It means the disease, injury ar camplication which coused deoth.)						
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
Z ONDERETING CONDITION EAST.	(C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FO	10					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN						
DISEASE OR CONDITION GIVEN IN PART 1 (A).				To all a constant of the const		
20A. DATE OF OPERATION 20B. CONDITION FO	OR WHICH OPERATION WA	AS PERFORMED		21. AUTOPSY? (Yes or No)		
				No		
₹ 22A. EXTERNAL CAUSE WAS	B. PLACE OF INJURY (e.g.,	in ar about 22C. WHERE DID (e bldg., etc.) INJURY OCCUR?	(If in Boltimare City, give exoc	t lacation)		
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	ame, latin, locially, sheet, ame	e blag., erc., il Goki GCCok.				
22D. TIME (Month) (Doy) (Year) (Hour)	22E.INJURY OCCURRED	22F. HOW DID IN.	JURY OCCUR?			
OF INJURY (APPROX.)		WHILE O				
23.	I. WORK LI AIV	ORK LI				
I certify that I held an Inquiry	Inspection 🗓 Au	tapsy and that an th	nis basis, death in my	apinian		
resulted fram: Natural causes X	Accident Suicio	le Hamicide	Undetermined manner	7		
		CHIEF MEDICAL E				
ACTUAL // Menson	m	ASSISTANT MEDICAL E		DATE SIGNED		
SIGNATURE VICTORIAN SIGNATURE	M.C			3/11/69		
EXAMINER'S Werner U.	Spitz, M.D.	ASSOCIATE MEDICAL E	XAMINER	3/11/09		
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	gr CREMATORY 24D.	LOCATION (City, town	, or county) (Stote)		
REMOVAL (Specify)			,	44.4		
Burial 3-13-69	Waugh Chapel	(emetery	Long Green	Md.		
26.5.0	ME OF REGISTRAR	25C. FUNERAL DIRECTO		DDRESS		
MAR 1 3 1969 R.C.	SE Fallman	John Burn	s Sons Funerla	Home		
VS 151-REV. 1/1/68	4 9 11 11	00711				

meet 1878 . a About F. Smith (unneccious solesnomen rei met utylens unimem no none 213-20-9435 Ermily

Aurial 3-13-69 Wangh Japoel Genetiens Long Green

John Jauna Sona Funerila florie

9	259	69 2 BALTIMORE CITY HEALTH DEPARTMENT	
	P. G. G. F. G.	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69	2717
	of death of death Deceased e on the on the	1. NAME OF DECEASED 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	10
	of d of d Dece	GUTEKUNST, FREDERICK SAMMUEL 3/11/69	3 A
		A. STATE B. COUNTY	
	Sa Casa	FULL NAME OF HOSMITAL OR INSTITUTION, GIVE STREET OF HOSMITAL OR INSTITUTION, GIVE STREET OF HOSMITAL OR INSTITUTION OF HOSMITAL OR INSTITUTION OF HOSMITAL OR INSTITUTION OF HOSMITAL OR INSTITUTION OF HOSMITAL OR INSTITUTION, GIVE STREET OR HOSMITAL OR HOSMI	\$ 3 - 00 IMITS?
	at at a signature in	UNION MEMORIAL HOSPITAL BALTIMORE YES	ио 🛛
	ar de.	PICADILLY RD 636	
à	n d in in in	WIDOWED DIVORCED // 43/0/ 68	Pr 1 Yr. If Under 24 Hr. Doys Hours Min.
	reg	10A HSHAL OCCUBATION/Circles and Alexanders and Ale	ZEN OF WHAT COUNTR
	or condet	delic deling most of working are, even a realizati	15
	was was he posi	13. FATHER'S NAME	
-	- 52 + 2	IMMANGEL & GUTEKUNST ANNA M. BUSS	475 184 4 4
Z	stant in d; ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
ORTANI			
S	£ 1 = 1	18. CAUSE OF DEATH	SAME
IMP	lso, if of any of any unced		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
=	Bacar	(This does not mean the mode at dying, e.g., (A)IMMEDIATE CAUSE	*******************
OR:	ner. actur pror ular mbal	heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
9		ANTECEDENT CAUSES	
ECT	A fram who who reg	DISEASES OR CONDITIONS, II any, giving DUE TO, OR AS A CONSEQUENCE OF:	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DIR	(3) (3) ar	rise to the abave cause (Al stating the UNDERLYING CONDITION last. (C)	
Ω	a s ci s		
AL	Fodd = 5	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	2.4.
FUNERA	# F > G .0 0	DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A-DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	CONSIDERED
5	0 × = 0	A LAS /67 INTESTINAL OBSTR. YES	DEATH?
II.		U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, sheet, affice bldg., INJURY OCCUR?	e exact location)
			- · · · · · · · · · · · · · · · · · · ·
1144	hospi hospi natur ppt w (6) I	V IAPPONI	
2	the h ny n exce and obtai	WORK AT WORK	- //6
	0 0 0		19 69
	0 0 0 5 5 0	that (1) (we) lost saw the deceased alive an 3/11 1969 and that in (my) (our) apinion deat and have and from the causes stated obove. (1) (We) (did) (did not) view the bady after death.	h occurred on the dot
,	ust b gase dent lospi dea must	23A SIGNATURE	E SIGNED
	ar h	Charles S. Brown, M.D. DEGREE Phys. Director Phys. 3/11	
	s res	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	/ - /
	certificat sody was s: (1) An D.O.A. at ased pric	CHARLES S. BROWN, M.D. UNION MEMORIAL HOSE	
	E 203 E	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of CEMETERY of CREMATORY)	
	ws: Ws: D.	CREMATION 3/12/69 GREEN MOUNT CEMETERY BALTO. 14	d.
	This certificate mu the body was rele shows: (1) An accic was D.O.A. at a h deceased prior to written approval r	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS HOWSON
	J	VS 150-REV. 1/1/68	Jourson



M-610

VS 151-REV. 1/1/6B

	69 MFD	2718	BALTIMORE CITY HE			E DEA	TH S	9 9	748
BIRTH NO.	74120	ICAL			CAIL	I DEA	REG. NO	0 4	1.LO
1. NAME OF DEC	_ (0		MURPHY	2. DATE OF DEATH	Known Estimoted	Month	Doy	Yeor	Hour
	TIMORE, MARYLAND, V			3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA		UNCED DEAD	March	10,	1969			
	ommerworth St	treet		A. STATE	residence (wi	here deceosed	B. COUNTY	on; residence 2	belore odmission) $5 - 5 = 3$
6. SEX	7. RACE	B. MARRIEI	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE	ITY LIMITS?	
female	white	WIDOWEI		Ba	ltimore			YES X	NO 🗆
9. DATE OF BIRTH		n yeors If	Under 1 Yr. If Under 24 Hrs. onths 1 Doys 1 Hours 1 Min.	E. STREET	AND NUMBER			ILS EL	140
	tote or foreign country)	12	CITIZEN OF WHAT COUNTRY?	13. FATHE	'S NAME	1.3			
14A.USUAL OCCUP done during most of w	PATION (Give kind of work roking life, even if retired)		F BUSINESS OR INDUSTRY			W. C.	3 III		
unknown			known	A	nelia Gr	aele_			
(Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or dates NONE	of service)	17. SOCIAL SECURITY NO.	IB. INFOR	MANT			ADDRESS	
19. ///	11		CAUSE OF DEA	TH		1			PPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease							WEEN ONSET AND DEAT	
heort foilure, injury or com AN DISEASES C RISE TO THE UNDERLYIN	of meon the mode of dy osthenio, etc. It means the optication which coused de NTECEDENT CAUSES OR CONDITIONS, IF AN ABOVE CAUSE (A) STA	e diseose, oth.)	(A)IMMEDIATE C DUE TO, OR A (B)	AS A CONSE					
O TO THE DEA	II IFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMIN							
	DISEASE OR CONDITION GIVEN IN PART 1 (A). OA. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AU							21. AUTO	OPSY? (Yes or No)
22A. EXTERN								(Partial)	
22D. TIME (OF INJURY (APPROX.)	(APPROX.) m. WHILE AT WORK AT WORK								
	JRE Werne	A S	Inspection P.Au Accident Suicident M.D. pitz, M.D.	le	ond that of commercial Chief Medical STANT MEDICAL COLLATE MED	Undetern AL EXAMINER AL EXAMINER			DATE SIGNED 3/11/69
24A. BURIAL CREN REMOVAL (Specif	MATION, 24B. DATE	10	24C. NAME of CEMETERY		ORY 2	4D. LOCATIO		wn, or county	(Stote)
Burial	3-13-		Baltimore (en				none	Md.	
25A. DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR		John Bur		_	address M	н.

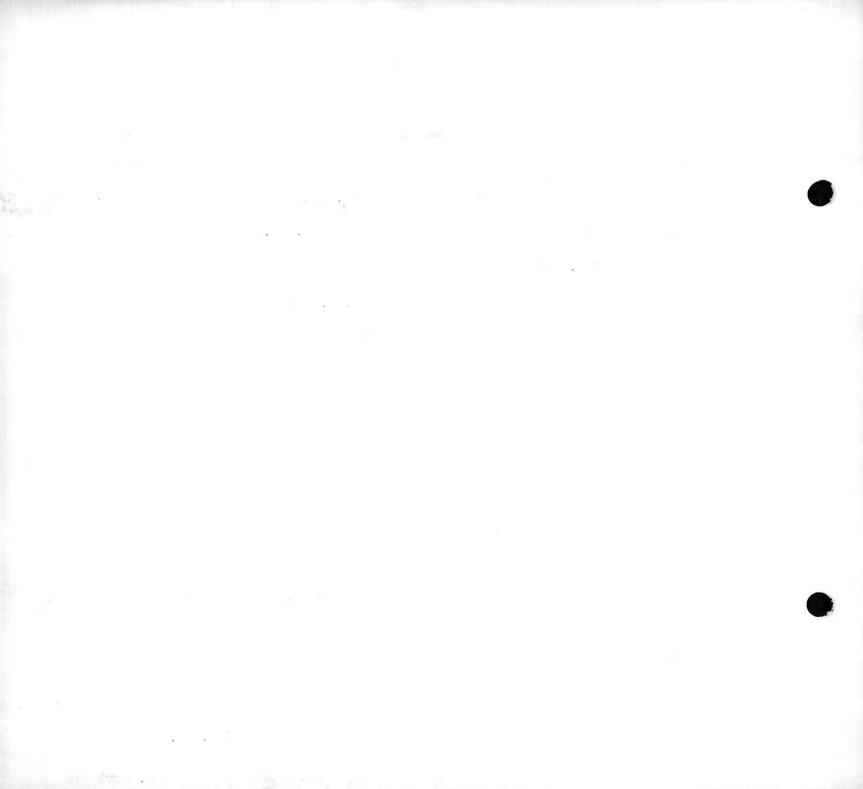
John Burns Sons

Towson Md.

1958-015-1555 frank Stack St. menini unimoun Partia Garla 3-13-69 Palitimina Genetary Palitimine Mil. Sound. John was Sans Toward M.



-	-164	69 2720 CERTIFICATE OF PEARTMENT
	5+56+	BIRTH NO.
	of death of death Deceased e on the	DATE AND HOUSE OF DECEASED
	- D 0 E .	EBERLEIN - WILLIAME, SINGS 19'00 A
	hospital use of d (5) Dece ance on death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	hos ise (5) dan de	
	se; (se)	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND CITY 13-02 INSTITUTION D. INSIDE CITY LIMITS?
	- 5 0	SOUTH - BACT- CENT HALD BALTIMORE VEST NOT
	73	E. STREET AND NUMBER
	ar de d	16 E. RANDALL ST.
		5. SEX MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months; Days; Hours; Min.
	accur ontrik ermin regul sased is ma	WIDOWED NOV. 13 1801 7
	E 0 # _ 0 E	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY
	o no	Shipping Clerk Clothing Balto. Md. USA
	ct de cr	13. FATHER'S NAME
=	direct or direct or direct or direct or direct or the was in the deal dispositia	Frederick W. Eberlein Theresa Burner
A	istant he di kind; death ce on	15. Was Deceased Ever in U. S. Armed Forces? (16. SOCIAL SECURITY NO. SECURITY NO. 17. INFORMANT ADDRESS
2	ssista the kinc dea nce final	No Wm. E. Eberlein Same
ō	R 4- 700.	18. CAUSE OF DEATH
MPORTAN	E 0 0 0	DISEASE OR CONDITION DIRECTLY Cicil My ocalid BETWEEN ONSET AND DEATH
S	Als e o att	LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not never the control of the co
ä	50 - 8	(This does not mean the made of dying, e.g., hoort laiture, asthenia, etc. 11 means the disease,
CTOR:		injury ar camplication which coused death.)
5	ami ami A fr Vho reg	ANTECEDENT CAUSES (B)
Ä	exar exar (3) A in wh in re	DISEASES OR CONDITIONS, il any, giving rise lo lhe obove cause (A) stoling the
DIRE	0 0 . E	UNDERLYING CONDITION lost. (C)
7	medical edical burns; hysicic n was remair	
A	E 9 2 5 = 5	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A)
m K	a m ody ne p sicia	
UNER	U . M = X 0	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3	the call by (2) B ere the copy efore	If in Rollimore City, other award beauties)
		C DEATH (notify medical examined)
	43 34	21D.TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	proved the hainy natex except and (6	(APPROX.) While At Not While At Work
	pro the ny bxc an	22. I certify that (1) (this haspital) attended the deceased fram. 1967 19 to 1065
	0.00	Maria Company
	20050	and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death.
	ust be gased dent deat must	23A. 5IGNATURE/)
	must eleas ccide a hos to de	Attending Med. Staff
	0 - 5 . 5 >	23C. PHYSICIANS NAME (Type) 23D. ADDRESS
	certificate bady was r rs: (1) An a D.O.A. at ased prior	1228 S. Chal 9. Belto. M. 2/22
	A P B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	This certi the bady shows: (1) was D.O. deceased written a	Burial 3 14 69 Loudon Park Balto. Md.
	5 0	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	This the sho was dec	MAR 1 2 1969 (A. A. C. X. A. C
		vs 150-REV. 1/1/68 130 E. Fort Ave



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VS 150-REV. 1/1/68

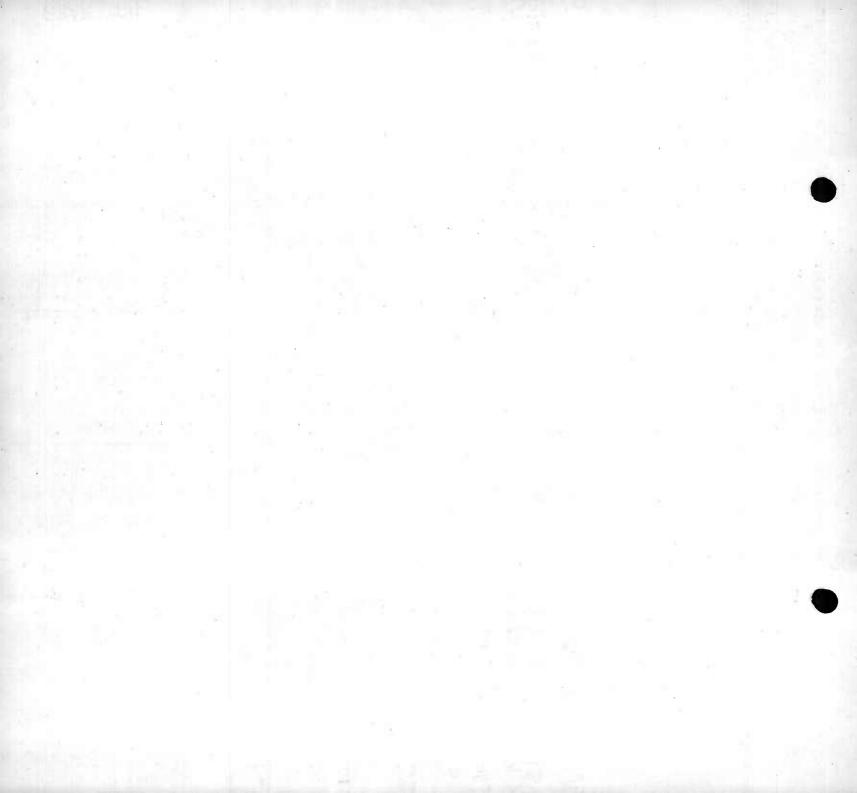
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of death

	BALTIMORE CITY HE	EALTH DEPARTMENT						
- 1	BIRTH NO. 69 2721 CERTIFICATI	E OF DEATH REG. NO. 69 2721						
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH						
	GARRETT Fletcher Deved Jr	11 March 1969 4.50 7. "						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
		Nacykud Baltimore City 9-02						
	INSTITUTION 1534 Freenley Road	CITY OR TOWN D. INSIDE CITY LIMITS?						
		STREET AND NUMBER						
	Baltonere Manyand 21518	1534 Fernley Road Rastimore Mid						
	The state of the s	DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.						
	Mare White WIDOWED DIVORCED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11.	11 July 1911 57						
	dane during most of working lile, even if retired)	BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY						
- U	13. FATHER'S NAME	150 House, Maryland U.S.						
	Can 4 1716 2 11 50	MOTHER'S MAIDEN NAME						
	15. Was Deceased Ever In U. S. Armed Forces? 16. SOCIAL 17.	Lula Virginia Martin						
	SECURITY NO.	and G De 1 X 11 748 Worstam Rd.						
	1212-10-0920	APPROXIMATE INTERVAL						
	DISEASE OR CONDITION DIRECTLY	ocardial Interction						
	(A)IMMEDIATE CAUSE	30 Minutes						
	heart failute, aslhenia, elc. Il means the disease.	DNSEQUENCE OF:						
H	ANTECEDENT CAUSES ANTECEDENT CAUSES Arterioscleroscular Deser							
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF							
	rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C)							
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ITO THE DEATH BUT NOT RELATED TO THE TERMINAL IDISEASE OR CONDITION GIVEN IN PART 1 (A)							
1	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED						
	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
- 11	OR CONTRIBUTING CAUSE OF	obout 21C. WHERE DID (If In Boltimore City, give exact lacation)						
- 11	DEATH (natify medical examiner)							
	21D-TIME (Month) (Doy) IYear) (Haus) 21E INJURY OCCURRED (APPROX.) While AI Not While	21F. HOW DID INJURY OCCUR?						
-	Wark L At Wark L							
-		lever 19 to Never 19						
	that (1) (we) last sow the deceased alive on 19 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
1	234/SIGNATURE							
	Lukey D. Richarder U. D. proper	Med TT Shift						
1	220 Buyeral Asha	Director Phys. March 1967						
	Hubrey D. Kichardson M.).	4 W. Coldspring Lane Baltimore 18d 21210						
	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMAT	ORY 24D. LOGATION IGity, town, ar county) (Stote)						
	Burial 3/14/69 Loudon Park	Baltimore, Maryland						
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	SC. FUNERAL DIRECTOR ADDRESS						

Ruck Inc. Baltimore, Maryland





Wildwood Parkway

No

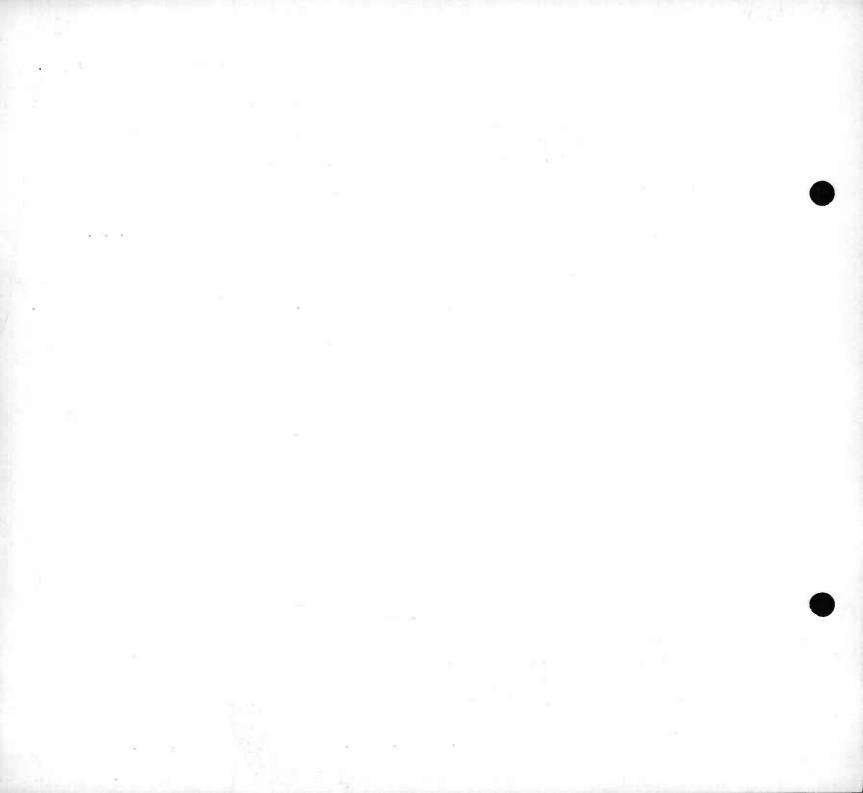
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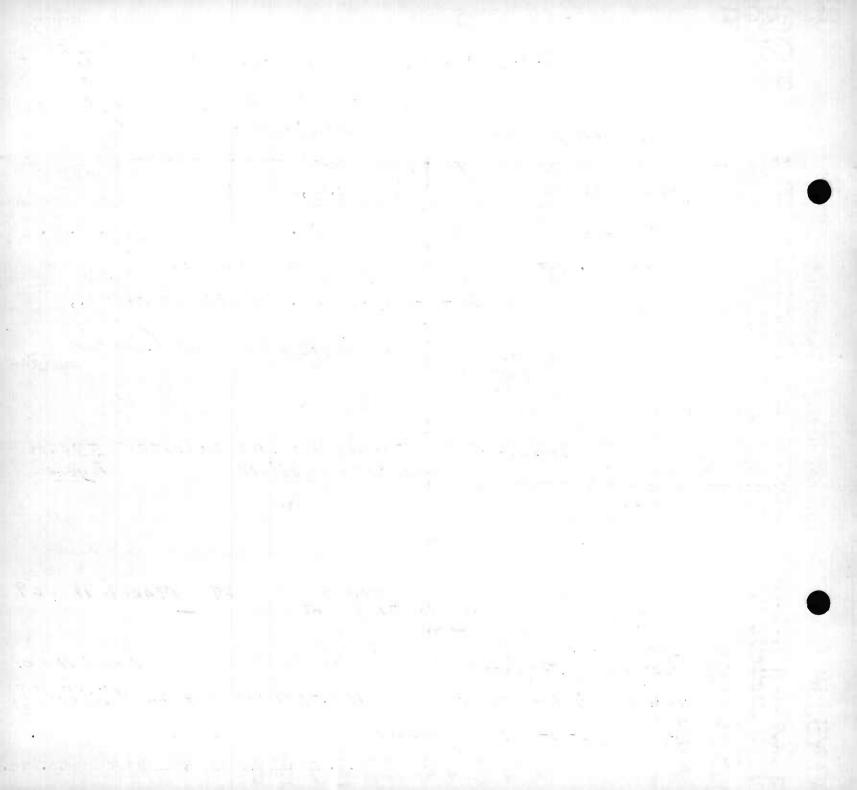
1514 Division Street

IMPORTANT

DIRECTOR:

approv



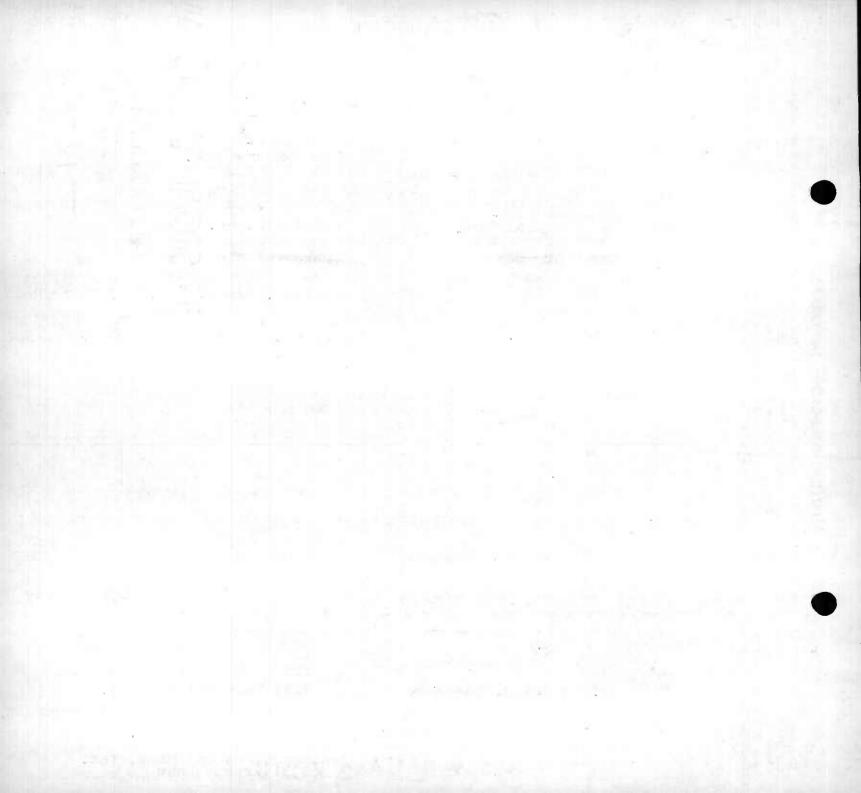


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	-651	69 2727 CEDITIES ATE OF DEATH BEGING 69	OMOM
	5565	BIRTH NO. CERTIFICATE OF DEATH REG. NO. DO	2727
	of death of death Deceased e on the 1th. Such	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH	
	ב פ פ פ	GEOVGE L. CREAMER 3-12-69	1 7:30 01. M
	hospital se of (5) Dece ance or death.	3. PLACE IN BANTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions & COUNTY	residence before admission)
	l in a hospir ng cause of cause; (5) De attendance ior to deatt	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) G. CITY OR TOWN G. CITY OR TOWN	21-12
	caus use; (i tenda	II	LIMITS?
	in But 7	Raitimore YES	NO 🗌
		University of Md Hospital E. STREET AND NUMBER 1156 W. Hamburg St.	(21230)
	1 2 0 D	IS SEY K BACE V IS	(2/200).
	contributed to the contributed t	WIDOWED DIVORCED 1/26/10/10 IOST DIFFINODY	Days Haurs Min.
	con con eterin	MA HISTIAL OCCUPATION (C. H)	ZEN OF WHAT COUNTRY?
	or condet	Clerial Work Saufield Sheygand Batt. Mid.	U.J.A.
	if decet o 4) Un was the c	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	4.0.4.
-			
Z		15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
7	サイスタット	16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH Green Transfer of Service) 16. SOCIAL SECURITY NO. 17. INFORMANT THE LEW Greamer - 1156	ADDRESS
ORTAN	s ass any ced ndan or fi	18. CAUSE OF DEATH	V Homburg IT
0	his nce end d o		BETWEEN ONSET AND DEATH
3	or his ass Also, if t e of any nounced attendan med or fi	LEADING TO DEATH	8 hours
••	50 - 8	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	1900
OR	xaminer xaminer) A fract who pr regular are emb		7
C	Xam Afr Who reg	ANTECEDENT CAUSES (B) CIVVIOSIS	
LL.	0 C - E	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the	
DIR		UNDERLYING CONDITION lost. (c)	***************************************
-	medical nedical burns; hysicia n was remain	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	
Z		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	P. C. B.	19A-DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED
FUNER			DEATH?
14	2 - 2 - 2	In a contrainment of a street of the classic of the	a exact location)
	hospital hospital nature; (ept whe d (6) No	S PEAR thoury modical examined	
	pot date	21D.TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? White At Not While	
	proved the hosen ny nate except and (6 btaine	WORK C.J. At WORK C.J.	
	5- FO O	22. I certify that (1) (this hospital) attended the deceased from 3-11 19 104 to 3-12	1969
	65 a ct ca	that (1) (we) lost sow the deceased alive on 3 19 9 and that in (my) (our) opinion deat	h occurred on the date
	ust be a eased to ident of nospital death) must be	ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.	
	leased to leased to ident of hospital o death)	238, DAT	E SIGNED
	E 0 U n + 0	23C. PHYSICIANS Atlants Atlanting Director Phys. 3-	12-49
	was r An at A at a prior	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
	certificate body was r vs: (1) An a D.O.A. at a cased prior	24A. BURIAL CREMATION, 1248, DATE 124C, NAME OF CREATERY OF CREMATION, 1248, DATE 124C, NAME OF CREATERY OF CREMATION	
	1 5 0 0 E	REMOVAL (Specify)	(State)
	This cert the body shows: (1 was D.O. deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C EUNERAL DATE VICE DE LA CONTRACTOR DE LA CONTRAC	· My.
	This certify the body shows: (1) was D.O.A deceased written ap	TUNERAL DIRECTOR	ADDRESS
	1.	VS 150-REV. 1/1/68	Hallers It

REG. NO.
UR OF DEATH
1, 1969 M. cased lived. It institution; residence before admission)
14.08
21-00
D. INSIDE CITY LIMITS?
YES NO
Ave.
E (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
74
intry) 12. CITIZEN OF WHAT COUNTRY?
d.
y Myers
ADDRESS 21093
ey, son,35 Belmore Road
Van Vien dus H APPROXIMATE INTERVAL
facetion dur Herween Onsej and Death
h Discer.
7
IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
(If in Baltimore City, give exoct lacotian)
CCUR?
=
7 10 February 1969.
my) (our) opinion death occurred on the date
23B. DATE SIGNED
Heights Ave.
ON (City, town, or county) (State)
imore, Md.
ADDRESS
eral Home, Inc. ms Lane

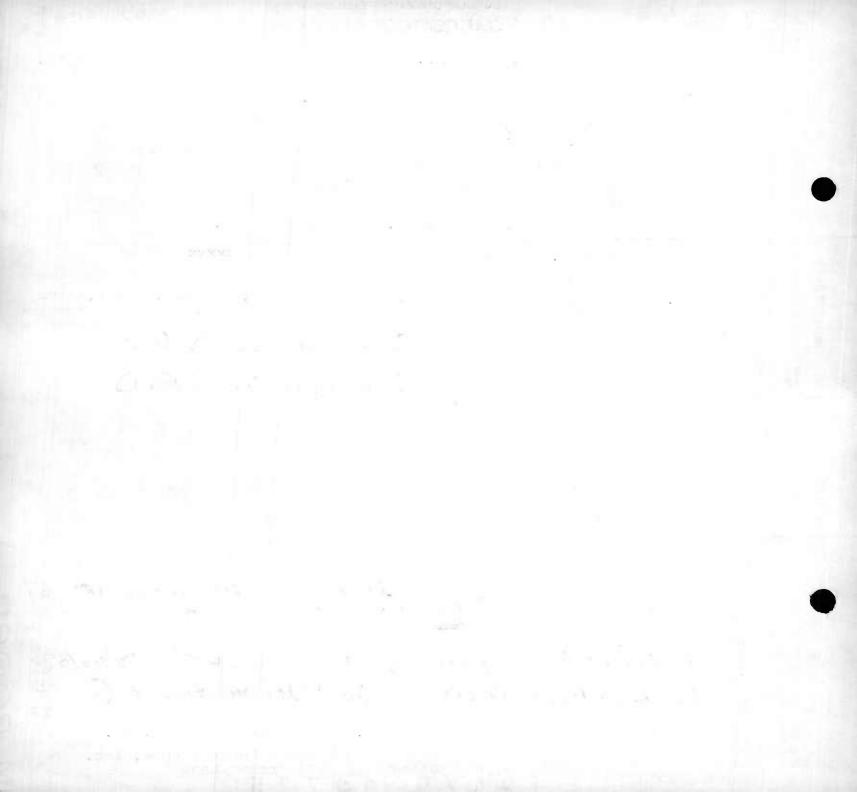


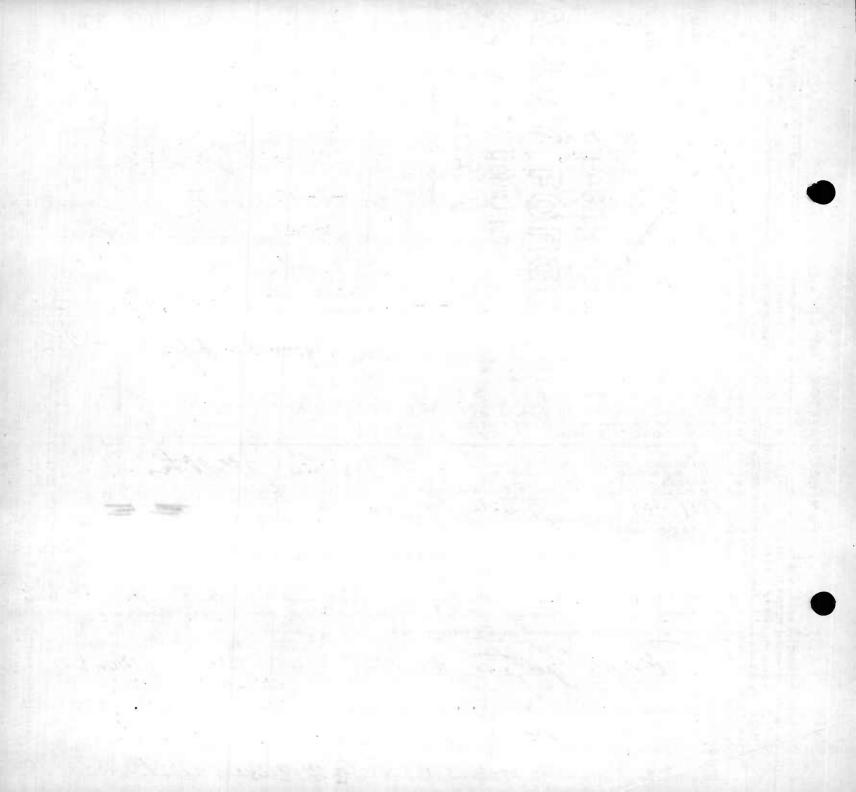
	. 1	3	13-11	69	2720	BALTIMORE CITY	HEALTH DEPARTMEN	IT T	69 2729
41-58-48	djs '		10 4	00	10 8 TO	CERTIFICA	TE OF DEAT	H REG. NO	- ~.~0
0.0	ased ased the Such		H NO.	ASEDY LE WILL	AM			E AND HOUR OF DEATH	4
=.	deat cease on th	(Тур	e or Print)	Bulgosa	y Ola	Joses	ph	3/11/69	12:55 PM
otic	= 0 0 =	3. 1	LACE IN BALTI	MORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE	(Where deceased lived. If	institution: residence before admission)
	(5) D ance deat	FUI	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION. GIVE STREET	MARYLAND		26-64
94		HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	ATION)	non, or to orner	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
		' E	ALTIMORE	E CITY HOSPIT	PALS		BALTIMORE		YES NO
.=	a troin	1 1	940 EAST	TERN AVENUE			E. STREET AND NUME		
9	de de	5, 5	ALTIMORI	6. RACE	2122/		3406 ESTHE	PLACE 21	224 If Under 1 Yr. , If Under 24 Hrs.
3	contributing etermined ca n regular att ecased prior on is made.				MARRIED [NEVER MARRIED		(lost birthdoy)	Months Doys Hours Min.
ö	reg reg	IMA	USUAL OCCU	WHITE PATION (Give kind of work	WIDOWED []		2-14-78	91	12. CITIZEN OF WHAT COUNTRY?
\$ t	- P - P -	RE	during most of w	orking lile, even if retired) nspector		unknown	11. BIRTHPLACE (State of EmmitSbu	irg,	U.S.A.
P		13.	ATHER'S NAM	\E	.1.		14. MOTHER'S MAIDEN	NAME	
	2. (4)		AMES BO	YLE			SARAH WAGN	JER.	
Z	he di kind; death ce on nal di			Ever in U. S. Armed For (If yes, give wor or dote	ces?	6- SOCIAL SECURITY NO.	17. INFORMANT	1300	ADDRESS24
RTAN	kin de de	(103	, no or onknown,	til yes, give wor or dole		3-01-4480A	BCH: RECOF	RDS 4940 EASTE	RN AVE. BALTO. MD.
S S	any l ced ndan or fi		18. // 9 /	VI		CAUSE OF DEAT	J		APPROXIMATE INTERVAL
IMPORTANT or his assistant				OR CONDITION DI	RECTLY		^		BETWEEN ONSET AND DEATH
¥ .	Also noun atte			LEADING TO DEATH	1.	(A) IMMEDIATE CAL	ISE Respué	long aves	+ Yamin
	. 3 0 L B		heort foilure, o	of mean the mode of	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	long avest	inest
O i				NICOLION WHICH COUSES		0 0	0 1	0.	0.10 1
a m	xami) A fr who who			R CONDITIONS, if		(B) ULV	A CONSTAULENCE OF	ou	-10 days
DIRECTOR:	3) A	1	rise to the	above couse (A)		Parlem	mis + Ro.	1 p. x	~ 14 days
10 In	in S in		UNDERLYING	CONDITION last.		(c) 171001V	inch 1000	IGOVI	- veryo
_ p	edicc burns hysic n wa rema	N O		II CANT CONDITIONS CO		ACCUI) TAF, TI	A	10-20-400
RA	phy phy an	ATION	DISEASE OR CO	BUT NOT RELATED TO TO	RT 1 (A).		, ,		10 20 40 18
UNER chief	he od)	CERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER	IDITION FOR W FORMED	HICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
5 7	> m + > 5	CER	21 A. ACCIDEN	T WAS UNDERLYING	7 21 B, F	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE D	ID (If in Boltime	ore City, give exoct location)
F 4	ef e		OR CONTRIBUT	TING CAUSE OF medical examiner	home etc.)	, form, foctory, street, o	ffice bldg., tNJURY OCCL	IR?	
by	A N N N N N N N N N N N N N N N N N N N	MEDICAL	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
P	e hospite nature; cept wh nd (6) No tained b	M.	OF INJURY (APPROX.)		While	Not While At Work	e		
ò	y n xce		22 koostify t	that (1) (this haspital			3/1	1969 ta	3/11 1969.
9	- E e			last saw the decease		3/11	1969		pinian death accurred an the date
0	5 P B C C				4	(Wa) (4:4) Vaid)	view the bady after de		milan death accorred an rhe dare
٩	sed ent ent ust		23A. SIGNATUR		1	(we) vala) (ala har) (riew the bady after de	om.	23B, DATE SIGNED
ust	iden iden hosp de mu		/4	Ma-12	hand		ending Med.	Shaff	3/11/1-9
Ε.	acc acc a l		23 C. PHYSICIAN	sumur V	10000	DEGREE Phy	23D. ADDRESS TIMORI	Phys. L	940 EASTERN AVE.
40	A. at prior		NAME (Ty	Roman F	LRCT	MA	BALTIMORI	MARYLAND A	940 EASTERN AVE.
ific		24A	BURIAL CREA	KATION, 24B. DATE	24C. NA	ME of CEMETERY OF CR		7	City, town, or co (1) (State)
certificat	7000		Burial	pecify)					
8		25A		BY HEALTH DEPT.	25B. NAME OF	View Ceme	25C, FUNERAL DIRE	Emmitsburg,	ADDRESS
This	show was dece		M	AR 14 1969	Town is	E. NO. Bound	Schimung	Ek Funeral F Ek Funeral F Exerms Lar	Home, Inc.
		VS	150-REV. 1/1/6	В	1 7 6	7-07	1 2 7 33	La La	

Responding Corners + 10 -Perhamony Subole . "Il stoyed Perhamonia; Bed Rest . " 19 days

ASCVO & AF, TIA 10-20 gm

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IMPORTANT

DIRECTOR:

FUNERAL

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BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/68

IMPORTANT

DIRECTOR:

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& BROS. . 6010 REISTERSTOWN RD.

NO

Hours

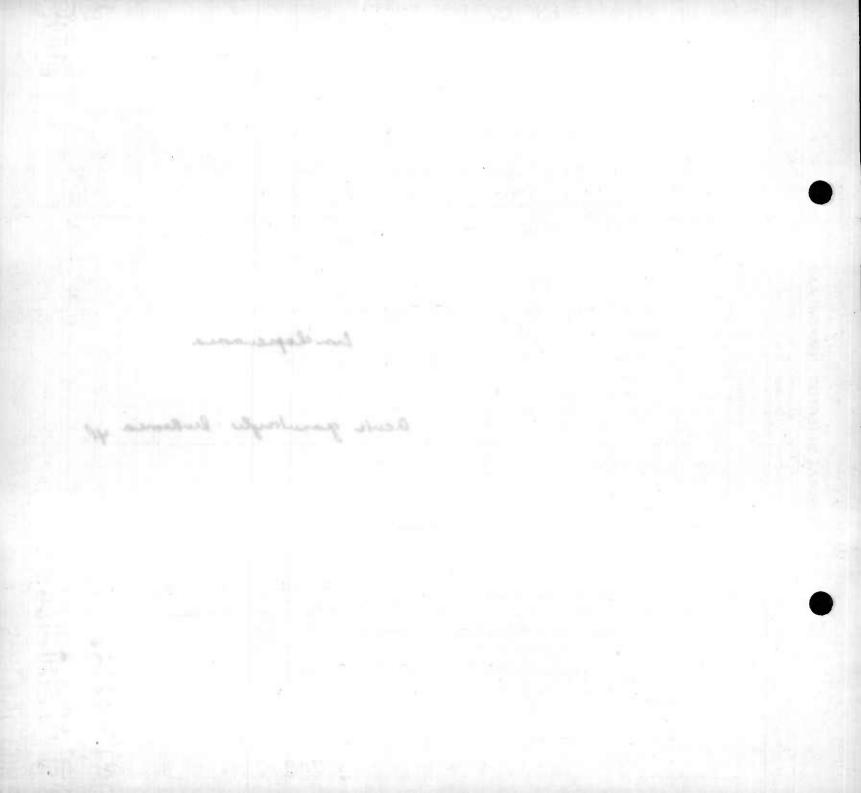
APPROXIMATE INTERVAL

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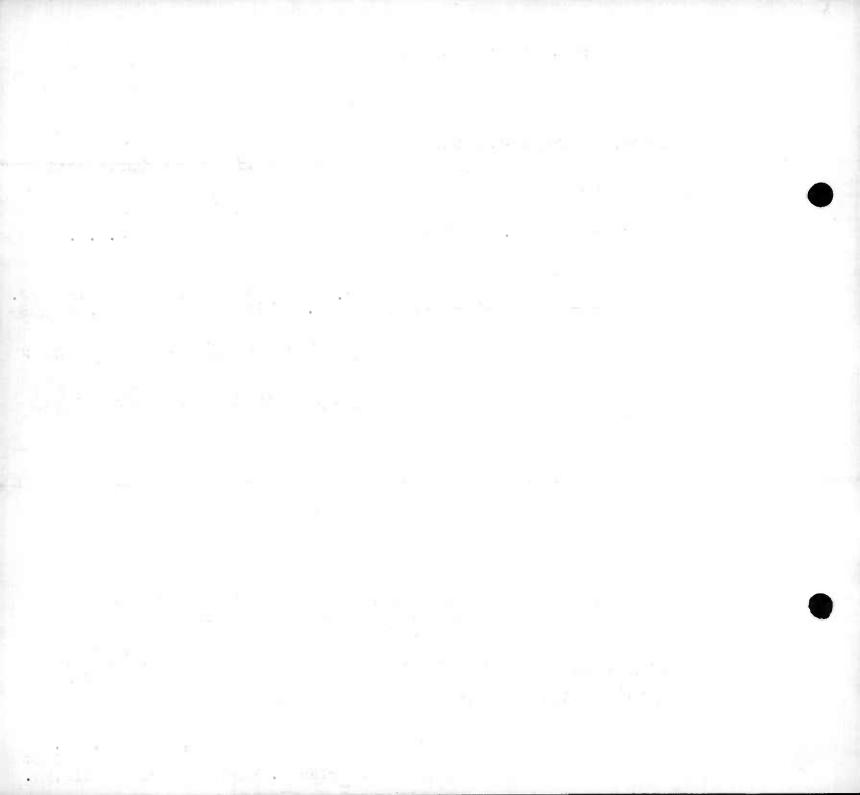
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If Under 24 Hrs.

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+	-430	69 2735 BALTIMORE CITY HEALTH DEPARTMENT
,	ch ed ch	CERTIFICATE OF DEATH REG. NO. 69 2735
	S + S	1. NAME OF DECEASED Paul Andrew Hildt 2. DATE AND HOUR OF DEATH
	f d ece on h.	3-11-69 3120 PM N
	Spi Ge Ce	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, if institutions residence before admission) A. STATE B. COUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (C.CITY OR TOWN C.CITY OR TOWN
	Se Ca	Table 1/
	ting d cat r att prior	The Johns Hopkins Hospital E. STREET AND NUMBER
	F 3 0 0 0	5. SEX 6. RACE / MARRIED Church Road
	trib min gol sed	MARKIED NEVER MARKIED 10. DATE OF BIRTH 17. AGE (In years) II Under 1 Ts., II Under 24 Hrs. Months: Days Hours Miner Months: Days Hours Months: Days Hours Miner Markied Months: Days
	ontri contri regu regsec	WIDOWED DIVORCED C ~ 26.97 11 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY
	in ion	done during most of working life, even it retired)
	de Un Un Sit	Ket Parmer Gen. Farming Maryland U.S.A.
5	direct or direct or dy (4) Under the was in the de disposition the de	thilip Isreal Hildt SARA Elizaboth Emerick
A		15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (I yes, give war or dotes of service) 16. SOCIAL SECURITY No. Mrs. ADDRESS ADDRESS ADDRESS BOX 33B, Salem Church Rd
ORT	SE TA PER	NO 217-36-4453 Ella K. Hildt Jarrettsville Md 2108
	S. P. D. D.	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
MP	Also Also e of noun atte	LEADING TO DEATH
ä	er. A cture crure ar a bain	(This does not mean the mode of dying, e.g., heat failure, asthenio, etc. It means the disease, injury or complication which coused death.)
OR:	frac frac gcr	ANTECEDENT CAUSES (B) CORONARY ARTERY DISERE GYRS
5	A A S O S	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF
DIRE	(3) (3)	ise to the obove couse (A) sloting the UNDERLYING CONDITION lost. (C)
7 3	dical fical fical rrns; sicio was mair	
3	r on de la company	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A).
	4 5 7 6 9	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B-CONDITION FOR WHICH OPERATION 19B. CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNER		
4	tai by p; (2) here to ph befor	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, olfice bidg., INJURY OCCUR?
	G G ≥ 3 ~ 7	21D.TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	hos natu cept d (6)	(APPROX.) While At Not While At Work
	rd y x B d	22. I certify that (I) (this hospital) attended the deceased from MHX / 19 07 to MAI?
	of and of and (e); (h); (pe o	that (1) (my) four) opinion death occurred on the date
		and hour and from the causes stated above. (1) (We) (did) (did hat) view the bady after death.
		238. DATE SIGNED
	reference of refer	Phys. Director Phys.
	y was rely was rely An acci	I same trypes
	certification of the control of the	J. O'Neal Humphries, MD. OF OREL 24A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	D.C.	Burial 3/14/1969 Darlington Darlington Honford Ma
		25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 27 084
	4.1	Charles E. Kurtz Jarrettsville Md.
	74	VS 150-REV. 1/1/68



C) 2	7	BALTIMORE CITY HEALTH DEPARTMENT	
the the	BIR	RTH NO. 69 2736 CERTIFICATE OF DEATH REG. NO. 69 2736	
and		NAME OF DECEASED NIIN WILLIAM M. 2. DATE AND HOUR OF DEATH 010	_
of of ath.	3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admiss	ssion)
hosp see dec	FU	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND 28-54	
cau se;	in	ISTITUTION D. INSIDE CITY LIMITS?	
ed in ting d cau d cau	13	THE JOHNS HOPKINS HOSPITAL E. STREET AND NUMBER	
curre rributi mined gular ed pr	5. 5	SEX 6. RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24	
occurry ontribu ermine regula sased		WIDOWED DIVORCED 7-19-96 lost birthday) Months Doy's Hours M	in.
	401 don	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign country)	NTRY
n or	13.	Civil Service Social Security Washington, D. C. U. S. A.	
rect (4) U wa the the		The state of the s	
AN stant ind; ind; eath e on aldi	15. Yes	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
R sis		Yes WW I SECURITY NO. Wo Number Mrs. Beulah P. Donlin-505 Woodside	R
S as any any and any or r		18. 4 / 2 4 CAUSE OF DEATH SETWEEN ONSET AND D	
or his Also and anten med		LEADING TO DEATH (A) IMMEDIATE CAUSE (PIE BYO VASCULAR ACCIDENT 3 CLOU	11
7 E E T E		heart failure, asthenia, etc. It means the disease,	-
CTOR:		ANTECEDENT CAUSES (B) Atherworle to the Condition which caused deeth,) ANTECEDENT CAUSES (B) Atherworle to the Condition which caused deeth,)	111
X A Why		DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stating the	773
OREGIES (3)		UNDERLYING CONDITION last, (C)	
AL D medical edical burns; hysicia	N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Change Ob drive live Delines of Delines	
RA The The The Toph	RTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	rs
FUNERA le chief me by a mee 2) Body bu e the phy physician	RTIFIC	1994 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 2004 AUTOPSYS (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATHS	
- E-35 5 -W	1 CEI	21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID (It in Bollimore City, give exact location)	
by the rest	13	DEATH (notity medical examiner) etc.	
hos hos natur (6)		OF INJURY (APPROX.)	
prov the and and		22. I certify that (I) (this haspital) attended the deceased from 3/1/69 1969 to 3/// 196	4
of an		that (1) (we) last saw the deceased alive an 3/1/1969 and that In(my) (our) apinion death occurred on the	date
23 . e e		and hour and from the couses stated above. (1) (We) (did) (did not) view the bady after death.	
e must b release accident r a hospi or to dea		Attending Med. Shaff 3/11/69	
		23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS 23D. ADDRESS	1 2
	24A	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stot	16
certi body 7s: (1 D.O.		A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county) Burial 3/14/69 Baltimore National Cem. Baltimore, Maryland	lel
This certif the body shows: (1) was D.O.A deceased	25A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 250. FUNERAL DIRECTOR ding June tal Estate ADDRESS	
₹₽₹₩##	Vs.	150-REV. 1/1/6B	



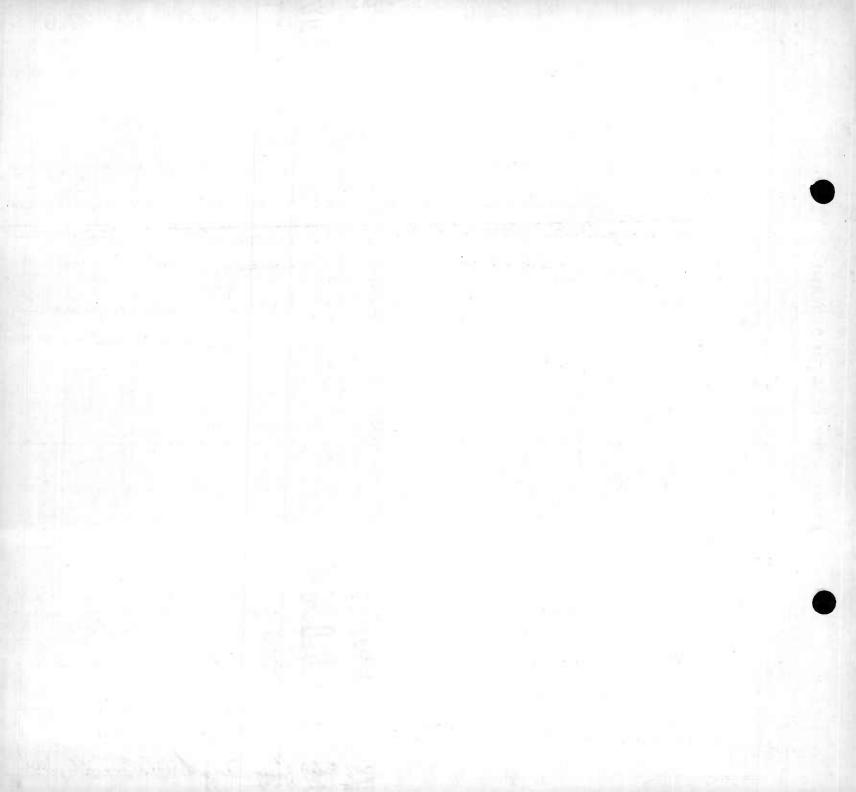
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	DE CITY HE	EALTH DEPARTMENT								
	MEDICAL EXAMINER'S	CERTIFICATE	OF DEATH	REG. NO.	69 2739					
-	RTH NO.			MEG: NG:						
	NAME OF DECEASED pe or Print)	2. DATE Known	XX Month	Doy Ye	eor Hour					
(,)	NIDE NARDELLA	OF DEATH Estimote	ed 🗆 3	10 69	9 10.42 #					
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE	Month		eor Hour					
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION)	PRONOUNCED DE	March							
O K	1/2	S. USUAL RESIDENCE A. STATE								
1	SouthBalto. General Hospital	Maryla	ind	Baltimo	re 53-00					
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN	ındalk D.	INSIDE CITY LIMI	ITS?					
	Male White WIDOWED DIVORCED	Balto.	IIdalk	YES 🗌	NO 🖾					
9. 1	DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs.		BER	1E2 [7	NO E					
	lost birthday) Months, Doys, Hours, Min.									
	une 15, 1913 55		chool Ave.							
	BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME								
	.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	VIS MOTHER'S MAIDE	NNAME							
don	eduring most of working life, even if retired) Md. Drydock Co.	?	NAME							
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT (W	ife)	ADDRES	Dundalk, Md.					
(Ye	s, no or unknown) (If yes, give wor or dotes of service) 234-14-2016	Mrs. Daisy		line cabas	1 Area					
_			Nardella, /	400 Senool	AVE . APPROXIMATE INTERVAL					
	19. 4 1 2, 4 1	AIH		1	BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY Arterios LEADING TO DEATH	clerotic card	iovascular	disease						
	(A) MMEDIATE CAUSE									
	heart failure, asthenia, etc. It means the disease,									
	Injury or complication which coused death.)									
	ANTECEDENT CAUSES (B)									
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF	F:							
	RISE TO THE ABOVE CAUSE (A) STATING THE									
Z	UNDERLYING CONDITION LAST. (C)									
은	li li									
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
E	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS DEDECIDATED		21 A	AUTOPSY? (Yes or No)					
8	Marie of oremainer 255. Continuor for which of Erranor in	AS PERI ORMED		21. 7	0,0,31; (
بـ					YES					
EDICA	22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g. home, form, foctory, street, offi	, in or obout 22C, WHERI ce bldg., etc.) INJURY OC	E DID (If in Boltimore C CUR?	lity, give exact locati	ion)					
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW!	DID INJURY OCCUR?							
	OF INJURY	T WHILE C								
	(APPROX.) m. WORK AT	work 📙								
	23.									
	I certify that I held an Inquiry Inspection A	utapsy <u>XX</u> and tha	at an this basis, de	ath in my apinio	an					
	resulted fram: Natural causeXXXXXAccident Suici	de Hamicide	Undetermined	manner 🗌						
	711001.11	CHIEF MEE	DICAL EXAMINER							
	ACTUAL V. XTILLE			1	DATE SIGNED					
	SIGNATURE M.I	D. ASSISTANT MEL	DICAL EXAMINER	K						
	EXAMINER'S	ASSOCIATE MED	DICAL EXAMINER	J						
_	NAME (Type) Edward F. Wilson, M.D.				3/10/69					
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY	24D. LOCATION	(City, town, or co	ounty) (State)					
I CE	MOVAL (Specify) 3/13/69 St. Stanisla:	us Cemeterv	Ba	ltimore, M	Maryland					
	A. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	25C. FUNERAL I		ADDRES						
	2460 3 4 1000 CA A TARAM			Wise Ave.	Dundalk, Md					

VS 151-REV. 1/1/6B

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69 2741 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		MEDICAL	EXAMINER'S	CERTIFI	CATE OF	DEATI	H REG. NO	69	2741
I. NAME OF DEC	EASED			2. DATE	Known 🔀	Month	Doy	Yeor	Hour
(Type or Print)	CEODCE	EICHLER		OF DEATH	Estimoted	3	9	69	9:35 am.
4. PLACE IN BALT			RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour am.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN ADDRESS C	HOSPITAL OR INS	TITUTION, GIVE STREET		JNCED DEAD MESIDENCE (Where	iarch	9	1969	9:35 am.
20				A. STATE			B. COUNTY	1	0 08
6. SEX	3323 Fre		ve. D.O.A.	C. CITY OR	Maryland		D. INSIDE CIT	V LIMITES	0-00
o. SEX	7. KACE	B. MARI	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	TIMITOT	
Male	White	WIDOV	WED DIVORCED 🔀	Bal	to.		YE	s 🛛 ı	40 <u> </u>
MARCH 17	- 108	AGE (In years t birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET	AND NUMBER	1-	A		
11. BIRTHPLACE (S		60	12. CITIZEN OF	13. FATHER	3323 Fred	erick	Ave.		
	YD.		WHAT COUNTRY?		GODFRE		ICHLER		
14A.USUAL OCCUI			OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NAN	E			
CANVAS	WORKE	? A	WNINGS		MARIAN	G-RI	AEBNER		
16. WAS DECEASE	ED EVER IN U.S.	ARMED FORCE	S? 17. SOCIAL	18. INFOR				DRESS	
(Yes, no or unknown)	(If yes, give wor o	r dates at service	SECURITY NO.	mis)	Margaret Ca	will-	×316 Jan	estow	n Ch+ 29
19.	1 (1)		CAUSE OF DEA	TH	1		Jan Jan		PROXIMATE INTERVAL
16	1.71		Choose of bea					BETWI	EEN ONSET AND DEATH
1	E OR CONDITIO				of				
	LEADING TO DE		(A)IMMEDIATE C		rcinoma 1	arynx			
heort foilure,	ot meon the mod , osthenio, etc. It m	eans the disease,	DUE TO, OR	AS A CONSEG	UEN CE OF:				
injury or com	aplication which co	used deoth.)							
DISEASES O	NTECEDENT CAU OR CONDITIONS E ABOVE CAUSE NG CONDITION	(A) STATING THE		as a conse	QUENCE OF:				
2			(c)						
O THE DEA	II IFICANT CONDITI ATH BUT NOT REL CONDITION GIV	ATED TO THE TERM	MINAL				om der der om 400 om der stor stor stor stor stor stor stor sto	. (1) do do do (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
20A. DATE OF			FOR WHICH OPERATION W	AS PERFORA	NED			21. AUTO	PSY? (Yes or No)
5									
	NIAL CALICE WAS		DOOR DI ACE OF INITIDY/	in as about!	2C WHERE DID /	if :- D-la:	- City -ive ave	t lesstics)	NO
UNDERLYING	NAL CAUSE WAS OR CONTRIBUSE OF DEATH.		22B. PLACE OF INJURY (e.g., home, form, foctory, street, offic	e bldg., etc.)	NJURY OCCUR?	r in Boitimor	e City, give exo	criocarion)	
OF INJURY	(Month) (Doy)	(Yeor) (Hou	r) 22E.INJURY OCCURRED		2F. HOW DID INJ	URY OCCU	IR?		
(APPROX.)				ORK					
23. 1 certi	ify that I held	on Inquiry		_	and that on th	is bosis,	deoth in my	opinion	
	red from: Notu						ned monner	7	
resum	14010	TOT COUSES ELE	Accident Suicio				Lea monner F		
ACTUAL	\$11.	181	NI		CHIEF MEDICAL E				DATE SIGNED
SIGNATU		03	M.D	ASS	STANT MEDICAL E	XAMINER	ZX		
EXAMINI				ASSO	CIATE MEDICAL E	XAMINER			
NAME (T			Wilson, M.D.	4		001777			n 10, 1968
24A. BURIAL CREA REMOVAL (Specif		-12-69	Holy Red	clme	Cem. 24D. 1	Bre	(City, town	, or county)	mal. (Stote)
25A. DATE RECID	BY HEALTH DEP	59 (25B. 1	NAME OF REGISTRAR	25C.	FUNERAL DIRECTO	or sugt	A.C.	Consus	ele mel
				V	1 10 1	-1			

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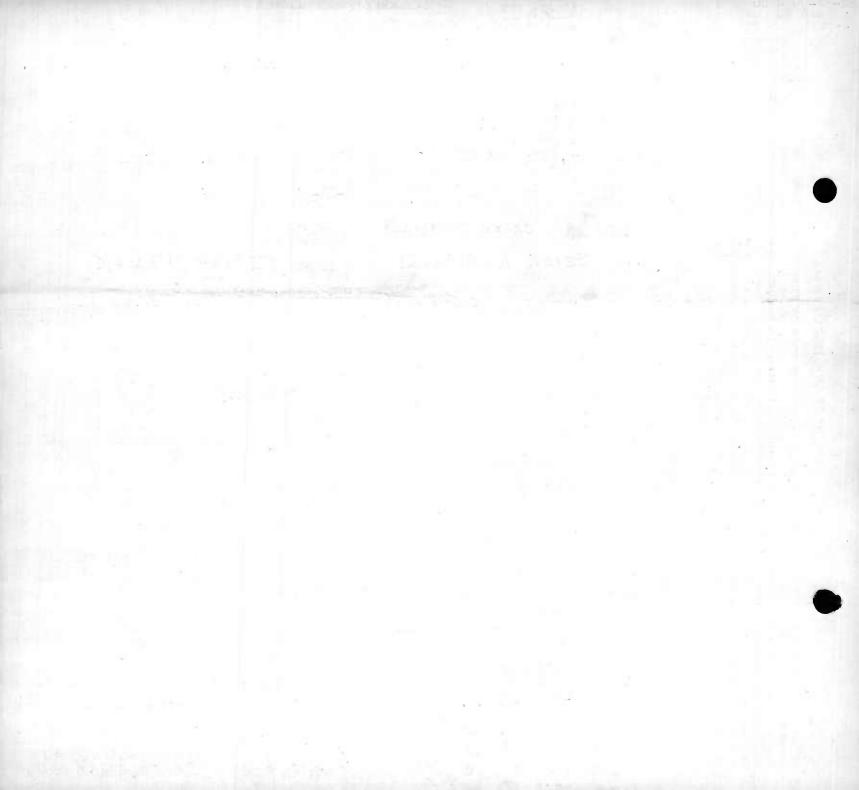
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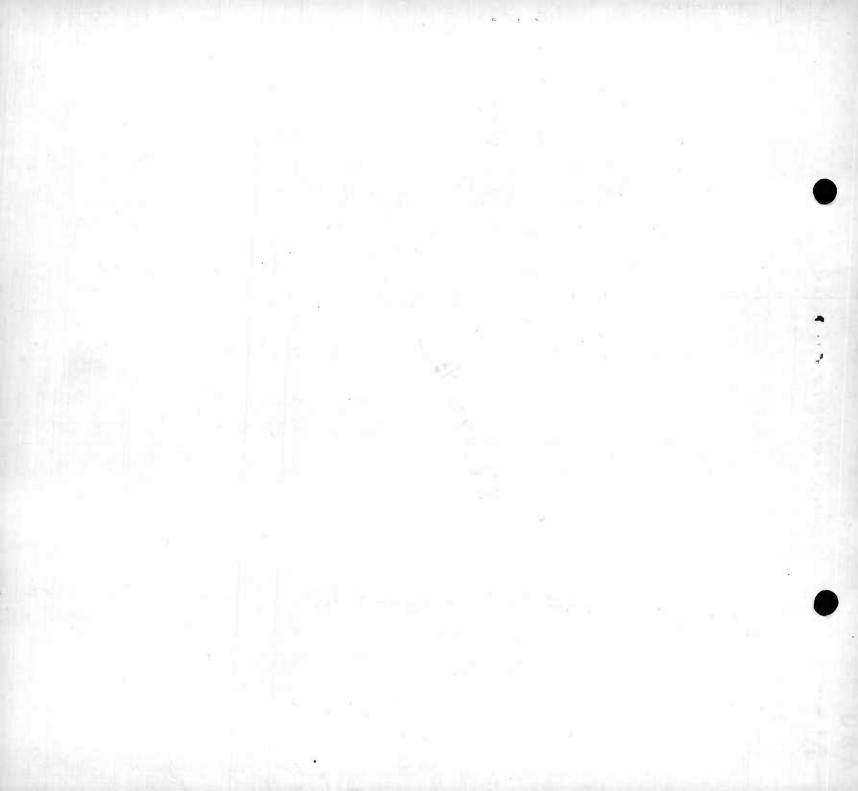
69 2742 BALTIMORE CITY HEALTH DEPARTMENT

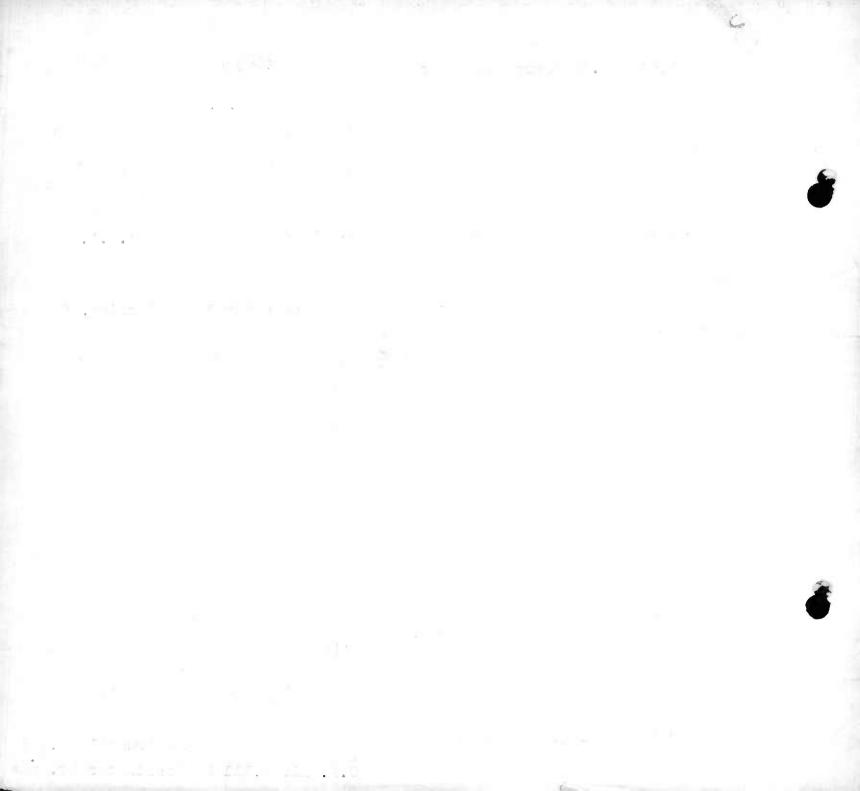
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
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	CAL EXAM	AINER'S			DEATI	H REG. NO.	59	2742
BIRTH NO.						KEO. 110.		
. NAME OF DECEASED Type or Print)	HITELDANI		2. DATE OF	Known 🛛	Month	Doy	Yeor	Hour
JAMES	OLIVER		DEATH	Estimoted U				M.
. PLACE IN BALTIMORE, MARYLAND, WHI	ERE PRONOUNCE	D DEAD	3. DATE		Month	Doy	Yeor	Hour
ULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	OR INSTITUTION, GIV	/E STREET		JNCED DEAD	March	11,	1969	7:45 A.M.
OR INSTITUTION				ESIDENCE (When			residence b	efore odmission)
Paltimore City Heanit	010		A. STATE	v-land		B. COUNTY	1.1	116
Baltimore City Hospit		· · · · · · · · · · · · · · · · · ·	C. CITY OR	yland		D. INSIDE CIT	V HANTS?	- 10
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male white v	VIDOWED	DIVORCED .	Ba1	timore		YE	s X r	10 🗆
P. DATE OF BIRTH 10. AGE (In yollost birthdoy)		r. If Under 24 Hrs.	E. STREET	IND NUMBER				
II-I2-I946 22			611	7 Cardiff	f Avenue	2		
1. BIRTHPLACE (State or foreign country)	12. CITIZEN	OF OUNTRY?	13. FATHER					
Baltimore			Loui	s Oliver				
4A. USUAL OCCUPATION (Give kind of work) 14E	KIND OF BUSINE	SS OR INDUSTRY	15. MOTHE	S'S MAIDEN NA	ME			
one during most of working life, even if retired)								
Lever Brothers	ODCECO 117 CO	CIAL	Mary	E.Smith				
 WAS DECEASED EVER IN U.S. ARMED Fifes, no or unknown) (If yes, give wor or dotes of 	ORCES? 17. SC	CURITY NO.	IB. INFOR	MANI		AD	DRESS	
, , , , , , , , , , , , , , , , , , , ,	, ,	2-46-7435	Lomis	Oliver	STT7 Ca	rdiff As	remue	
19.		CAUSE OF DEA		OILVEL	OII/ Ca	IGILL A		ROXIMATE INTERVAL
E 7691			•				BETWE	EN ONSET AND DEATH
DISEASE OR CONDITION DIRECTI	Y	Cumahat	Maund	of Hood				
LEADING TO DEATH		Gunshot		or nead				
(This does not mean the mode of dying	, e.g.,		AS A CONSEQ	UENCE OF:				
heart failure, asthenia, etc. It means the di injury or complication which caused death.	seose,							
	'							
ANTECEDENT CAUSES		(B)						
DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATIN	IVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATIN	G THE							
UNDERLYING CONDITION LAST.		(c)						
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING							
TO THE DEATH BUT NOT RELATED TO TH								
DISEASE OR CONDITION GIVEN IN PART		ODERATION	S DEDECORA				los AllTor	SCVO (Vec es N-)
20A. DATE OF OPERATION 20B. COND	IIION FOR WHICH	OPERATION WA	45 PERFORM	ED			21. AUTO	PSY? (Yes or No)
								Yes
₹ 22A. EXTERNAL CAUSE WAS	22B. PLACE	OF INJURY (e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimore	e City, give exoc	t locotion)	
UNDERLYING OR CONTRIB.	home, form,	octory, street, office	e bldg., etc.) II	VJURY OCCUR?			26-0	15
UTING LI CAUSE OF DEATH.		ffriend		620 S. Sa			~ ~	
22D. TIME (Month) (Doy) (Yeor) OF INJURY	(Hour) 22E.INJ	JRY OCCURRED	2	2F. HOW DID IN	AJURY OCCU	R?		
(APPROX.) 3/8/69 6:45 A	m. WHILE AT	□ NOT AT W	WHILE X	Subj. sl	hot dur	ing alte	rcatio	on
23.			T7					
I certify that I held an Inqu	uiry 🔲 🛮 Inspe	ection Au	tapsy X	and that on	this basis,	death in my o	pinion	
resulted from: Natural cause	s Acciden	Suicld	le 🗌 Ho	micide X	Undetermin	ed manner		
1/20.		_)		CHIEF MEDICAL			T-10-10-10-10-10-10-10-10-10-10-10-10-10-	
ACTUAL ALVENA	700/	1	-			<u></u>		DATE SIGNED
SIGNATURE	a (IV)	M.D	. ASSI	STANT MEDICAL	EXAMINER 4			
	Spitz, M	d	ASSC	CIATE MEDICAL	EXAMINER			3/11/69
NAME (Type)	- 0					lan :		/r \
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAN	NE of CEMETERY	or CREMATO	24D	LOCATION	(City, town,	or county)	(State)
Burial 3-1 3 -1	969 Oak	Lawn Cem	eterv		Baltim	ore, Mary	land	
			-	UNERAL DIRECT			DRESS	
25A. DATE REC'D BY HEALTH DEPT	25B. NAME OF RE	r. n						
1303 (ocient E.	IC Joey MAR	WAI	TER DABRO	OWSKI I	005 DUNI	DALK A	VENUE
S 151-REV. 1/1/6B	0/1 0			r) +17 +17				
The state of the s	75 / 37	1 2	1 63	2 2				

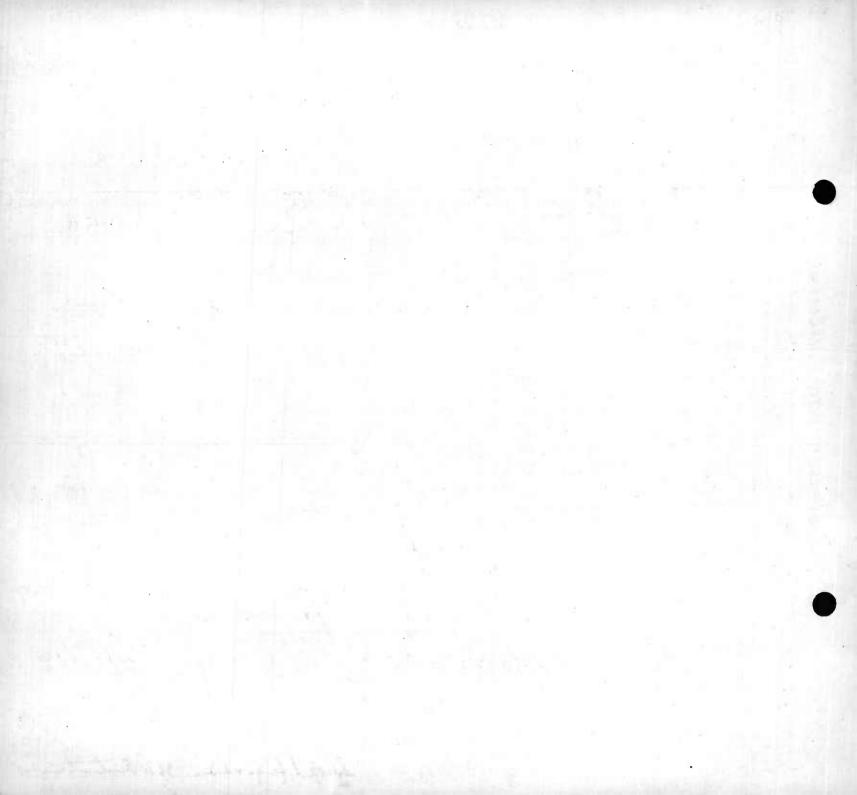
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BALTIMORE CITY HEALTH DEPARTMENT

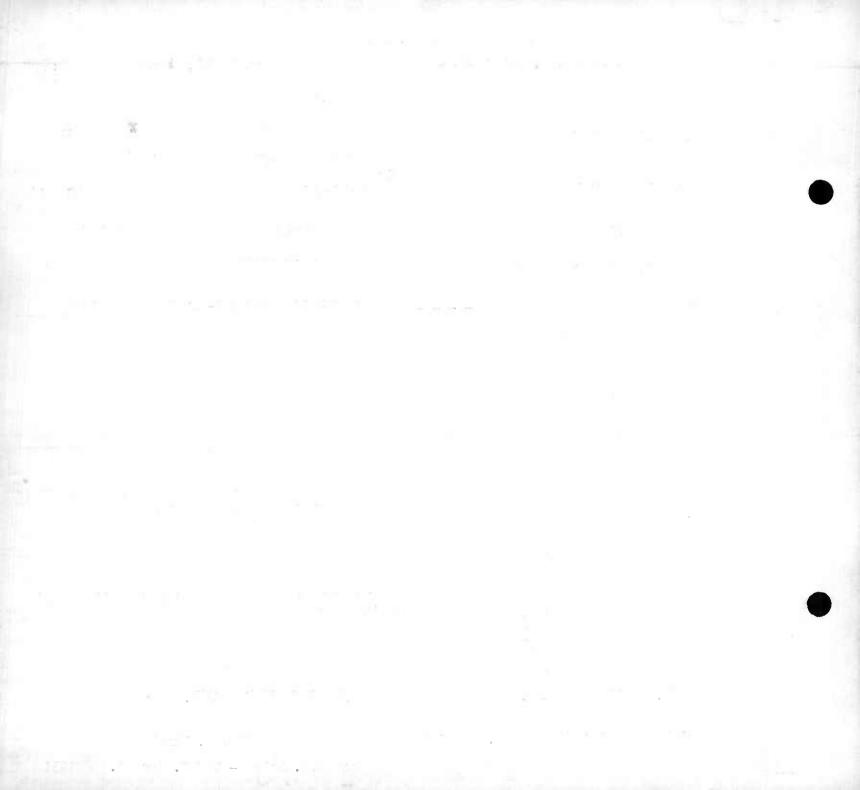


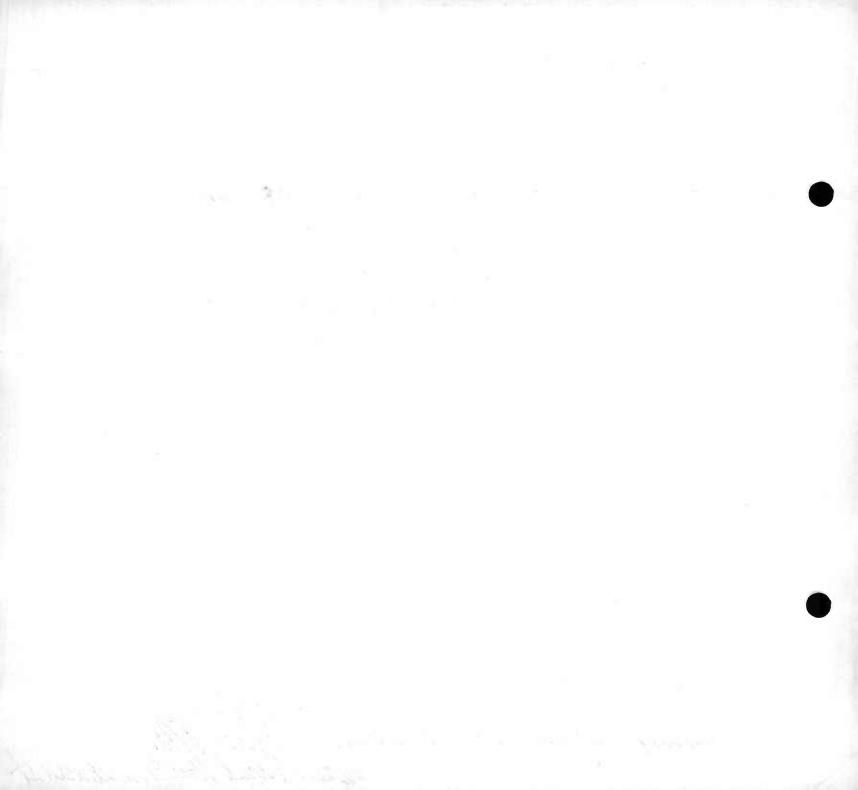
Soch of

	69	274	BALTIMORE CITY	HEALTH DEPARTMENT		69 2747			
BIRTH NO.	00	214	CERTIFICA	TE OF DEATH	REG. NO	00 2/4/			
I. NAME OF DECE	ASED				ID HOUR OF DEATH				
(Type or Print)	REPNER,	Hunne.	- ANNA	- /	. 110	1315			
	IMORE MARYLAND, W			4. USUAL RESIDENCE (When	re deceased lived. If in	stitution; residence before admission			
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	md -	-	12-02			
INSTITUTION	ADDRESS OR LOCA	ATIONI		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?			
TUNIVERSI	ity Hospita	11		Baltimore		YES NO			
)	11000			E. STREET AND NUMBER					
5. SEX				3516 P. Cal					
F	6. RACE	WIDOWED	NEVER MARRIED DIVORCED	10124189	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.			
10A. USUAL OCCU	PATION (Give kind of work orking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY			
	susewife			German	4	1/S A			
				14. MOTHER'S MAIDEN NAM	ME	1 0 2 7			
	er Lutz			Victoria	2 Weber				
Yes, na or unknawn)	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
No			118-36-4628	Inge Madden (D	aughter) San	ne			
18. 3	7.01		CAUSE OF DEATH	1		APPROXIMATE INTERVAL			
DISEASE	OR CONDITION DI	RECTLY	abiess	gather ord/or	Derinaphe	BETWEEN ONSET AND DEATH			
	EADING TO DEATH	dvina on	(A)IMMEDIATE CAU	SE .		≥ 1/2 month			
head failure, astheria, etc. it means the disease,									
injury or camp	i								
	NTECEDENT CAUSES		(B) acut	a CONSEQUENCE OF:	15	212 months			
DISEASES OF	CONDITIONS, ii obove cause (A)	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	******************				
UNDERLYING	CONDITION lost.	siding the	(c)						
	11								
OTHER SIGNIFIC	i								
▼ IDISEASE OR CO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
19A. DATE OF C	OPERATION 198. CONI WAS PERF	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE F	INDINGS CONSIDERED			
21A. ACCIDENT	WAS UNDERLYING ING CAUSE OF	218,	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	lif in Boltimore	City, give exoct location)			
DEATH (notify n	nedicol exomined	home etc.)	, farm, foctory, street, off	ice bidg., INJURY OCCUR?	ţ. III de li III	any give axact taconomy			
21 D. TIME (Manth) (Doy) (Year)	(Haur) 21E	INJURY OCCURRED	21F. HOW DID INJU	IN OCCUM				
21 D. TIME (OF INJURY (APPROX.)	•	Whil	e At Not While		AL OCCUR				
				1					
			e deceosed from		9 68 to 3	19 69			
			3/10	19 <u>69</u> ond the	ot in (my) (**) opin	ion deoth occurred on the date			
ond hour and	from the couses state	ed abave. (i)	(did) (did not) vi	ew the body ofter deoth.					
23A. SIGNATURI				UI		238, DATE SIGNED			
al	lon c. Si	de	DEGREE Phys.	ding Med.	Staff Phys.	3/11/69			
23C. PHYSICIAN NAME (Typ	s Allan c	sidle	DEGREE	3D. ADDRESS					
Unive		lot ig		Ballymore	md				
REMOVAL (Sp.			ME of CEMETERY of CRE	MATORY 24D. LO	CATION (City	, town, or county! (State)			
Cremati	7 / /	69 Gree	n Mount Cemet	erv Rel	timore, Mary	land			
25A. DATE REC'D	Y HEALTH DEPT	258, NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS			
	MAN # # 1303 (النوبالوال	E. Viceland	Eugenia K. Se:	itz 5209 Yor	k Road			
/S 150-REV. 1/1/68		7		Howard Williams	Nome Beller	16 . 21212			



69 2748 BALTIMORE CIT	HEALTH DEPARTMENT	No 69 2748 6
CERTIFICA	HE OF DEATH	. No. 69 2748 U
I. NAME OF DECEASED Danielle Maria Fili	JER 2. DATE AND HOUR O	F DEATH
FILIPIAK, BABY GIRL		2, 1969 2:50Pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased	lived. If institution; rosidance before admission)
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND Ra//	D. INSIDE CITY LIMITS?
	BALTIMORE	YES NO TO
ST AGNES HOSPITAL	E. STREET AND NUMBER	TES NO M
,	5672 UTRECHT ROA	D 21206
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In	yeors If Under 1 Ys. If Under 24 Hrs. Months: Doys Hours Min.
FEMALE WHITE WIDOWED DIVORCED	03-11-69	15 34
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
The state of the s	MARYLAND	USA
INFANT 3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0 3 A
	MARIE TAORMIN	Λ
5. Wos Occeased Ever in U. S. Armed Forces? 16. SOCIAL	MAKIE TAURMIN	
(es, no or unknown) (if yos, give wor or dotes of service) SECURITY NO.	INFORMANT	ADDRESS
No	ST AGNES RECORDS-	BALTO MD 21229
18. 7 5 9 9 1 CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	A	BETWEEN ONSET AND DEATH
LEADING TO DEATH	ice Caldis-respusatory	arrest
(This does not mean the mode of dying, e.g., DUETO, OR AS	ISE Caldis-respusatory ACONSEQUENCE OF:	
more distributed and illiams are disease,		1
ANTECEDENT CAUSES	de Como to l ayana	lie
(B) (B)	de Conguifal anoura	~~~~~
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	
UNDERLYING CONDITION lost. (C)		***************************************
ll .		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		ì
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YE IN CERTIF	S, WERE FINDINGS CONSIDERED TING CAUSES OF DEATH?
21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, o		n Boltimore City, give exact location)
DEATH (notify medical examiner) home, farm, factory, sheet, o	fice bidg. INJURY OCCUR?	
21D-TIME (Month) (Doy) (Your (Hour) 21E INJURY OCCURRED	215 110 11 210 11 11 11 2	
of injury	215. HOW DIO INJURY OCCU	Cr.
(APPROX.) While At Work At Work	° 📙 📗	
22. I certify that (i) (this hospital) ottended the deceased fram	MARCH II 1969 to	MARCH 12 19 69
that (1) (we) last sow the deceased office onMARCH	12 60	(aur) opinion death accurred an the dote
and haur and fram the causes stated phave. (1) (We) (did) (did not)		and a second sec
23A. SIGNATURE	lew the bady after death.	238 DATE SIGNED
1///	nding Med. Staff	2/12/1/2
DEGREE Phy	Director L. Phys.	3/18/07
	23D. AODRESS	/ =
henes	WILKENS & CATON A	/ L . ;
4A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OF CR	MATORY 240. LOCATION	(City, town, or county) (State)
Burial 3/13/69 St. Stanislaus 0	Delti-	Name land
25A. DATE REC'O BY HEALTH DEPT. 25R. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	, Maryland
MAR 1 = 1969 Report & Hallowa	George, A. Weber - 70	
THE ARE SHEET A STREET AS A ST	010.	2 24 4 4 11



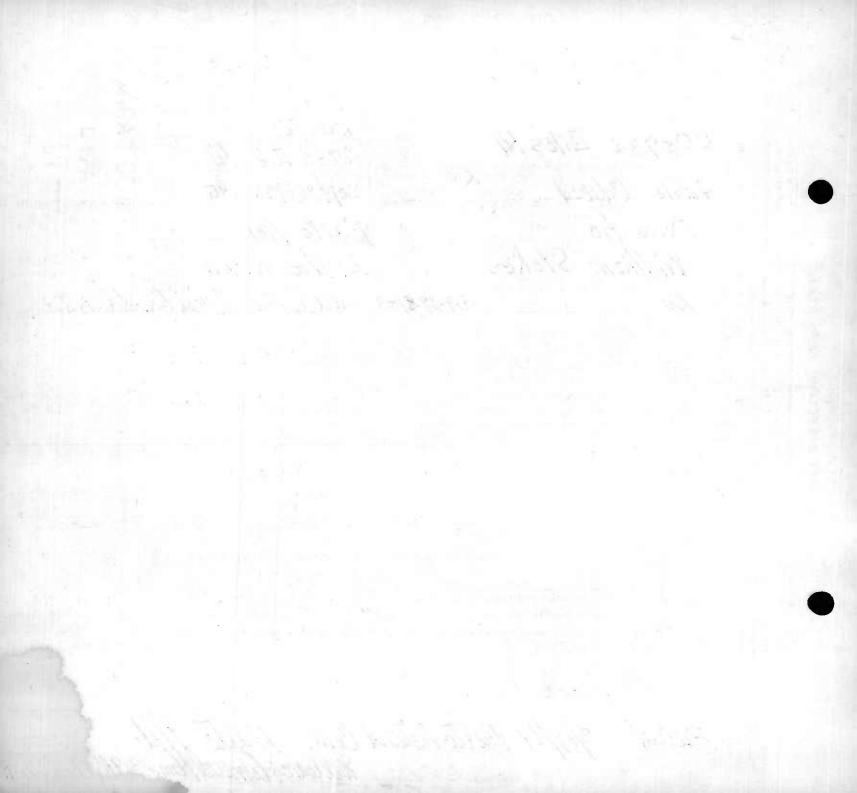




IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) D. INSIDE CITY LIMITS? YES X NO If Under 24 Hrs. If Under 1 Yr. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UMRHOW 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) ord that ir (my) Yaur) opinion death accurred on the date 23 B. DATE SIGNED or county) ADDRESS



W-623

69 2752 BALTIMORE CITY HEALTH DEPARTMENT

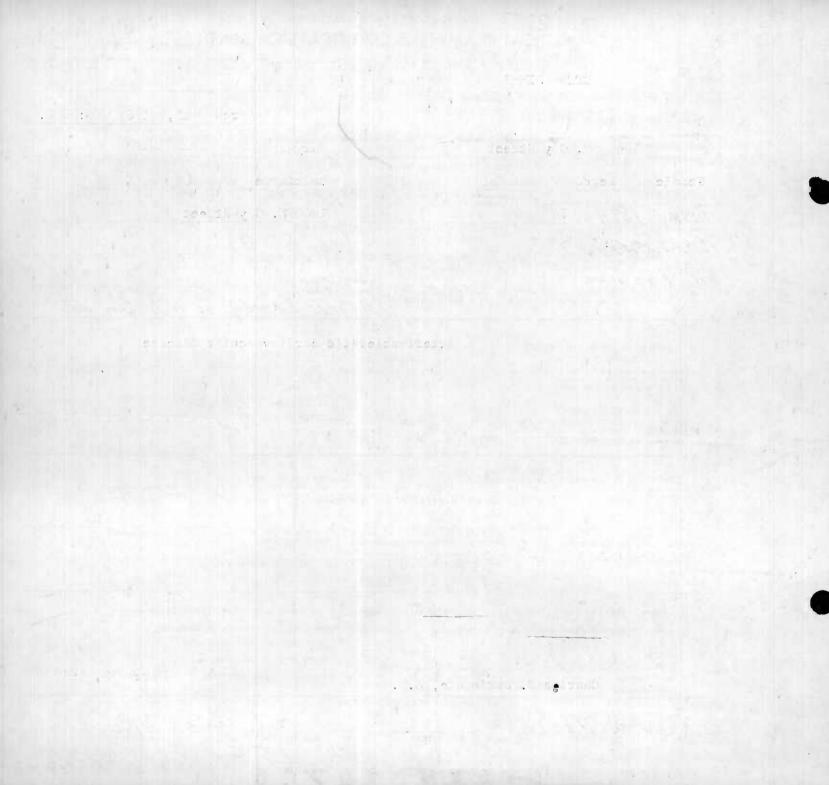
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	69 2752
	2. DATE Known Wy Manth Day	Your Thank
1. NAME OF DECEASED (Type or Print)	OF TAXA	Yeor Haur
CLARENCE WRIGHT	DEATH Estimated 1 3 11	69 4:00p M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour *
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD March 11, 1 5. USUAL RESIDENCE (Where deceased lived. If Institution:	969 4:00 p.m.
10	A. STATE B. COUNTY	residence perare domission)
Johns Hopkins Hospital	Maryland	X-0 X
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male Golored WIDOWED DIVORCED	Balto. YES	NO 🗆
9 DATE OF BIRTH . 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Haurs, Min.	. E. STREET AND NUMBER	0 1 0
7010, 8, 1923 44	2040 N. Caroline St. //047	Durkam St)
M. BIRTHPLACE (State or loreign country). 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	RY 15. MOTHER'S MAIDEN NAME	
dane during mast of working life, even if retired) Unemp Estares	allertha Stokes	
16: WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY 10.	18. INFORMANT	DRESS
Chal will Was to	Yalois Whealt 1502 &	llimid lefe
CAUSE OF DEA	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		DETITION OF THE BETTING
LEADING TO DEATH	01-1 1 6 11 1 1	
(A)IMMEDIATE	CAUSE Stab wound of the back AS A CONSEQUENCE OF:	
heort loilure, osthenio, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which caused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	R AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
<u> </u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED	21. AUTOPSY? (Yes or No)
0 2		YES
	, in or about 22C. WHERE DID (If in Boltimore City, give exac	t location)
UNDERLYING FOR CONTRIB-	ice bldg., etc.) INJURY OCCUR?	808
UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	1047 Durham St.	
OF INJURY NO	T WHILE	
	WORK Subject stabbed in bac	ck
	utopsy 🗱 and that on this bosis, death in my c	ninian
		1
resulted from Notural causes Accident Suici	ide Homicide LA Undetermined manner	
DI 17 11	CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE M.	ASSISTANT MEDICAL EXAMINER	DAIL SIGHED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER	3/12/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Y or CREMATORY 24D. LOCATION (City, tawn,	
REMOVAL (Specify)	241 1	, 10
Quirie 3/1/10/ /Jaly 1/	au cem 550/ fre	well like
25A. DATE REC'D BY HEALTH DEFT. 25B. NAME OF REGISTRAR	2	DDRESS
MAR A 1000 Upo and and and and	Youth Eleccion 1	12971 (4.1.
VS 151-REV. 1/1/68 A / C	1 1 7	- // Calfun

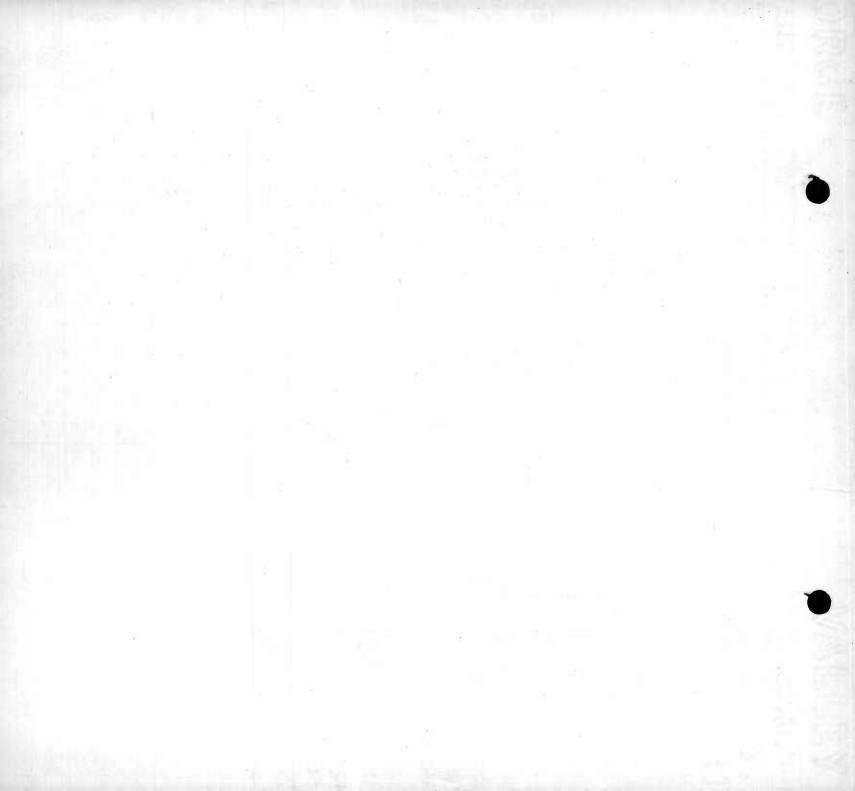
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69 2753 BALTIMORE CITY HEALTH DEPARTMENT

69 9759

BIRTH NO.	MEI	DICAL EX	KAMINER'S	CERTIFI	CATE O	F DEAT	H REG. N	0	2730
1. NAME OF DEC	CEASED ETTA	SIMMS		2. DATE OF DEATH	Known Estimoted	Month]	Doy	Yeor	Hour M.
4. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONO	3. DATE	No. of London	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC		UNCED DEAD	March	12,	1969	3:40 P. M. before odmission)		
00	1040 N. Gay	Street		A. STATE	Maryland		B. COUNT		8-08
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE	CITY LIMITS?	
Female	Negro	WIDOWED [DIVORCED		Baltimor	e		YES X	NO 🗆
PANIO	H 10. AGE (lost birthd) 74		nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.	E. STREET	1040 N.	Gav Str	eet		
11. BIRTHPLACE	tate or foreign country)	12. 0	ITIZEN OF	13. FATHER		ouj bez			
Retrice &	MATE N.	Ci	VHAT COUNTRY?	Fr	ank	Dan	ny		
done during most of	yorking life, even if retired)		BUSINESS OR INDUSTR	then	SKU .	AME	/		
6. WAS DECEAS	ED EVER IN U.S. ARME (If yes, give wor or dotes		17. SOCIAL SECURITY NO.	18 NFOR	MANT Dan	neu_	040	ADDRESS M. Yaz	u St
19.11 10	1		CAUSE OF DEA	TH	20 /2011	1		10	PPROXIMATE INTERVAL
(This does n	E OR CONDITION DIRI LEADING TO DEATH of meon the mode of d o, osthenio, etc. It meons the application which coused de	ying, e.g., e diseose,	Arteriosc (A)IMMEDIATE (DUE TO, OR			ascular	disea		WEEN ONSET AND DEATH
DISEASES OF RISE TO THE UNDERLYING OTHER SIGN	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST, NG CONDITION LAST. II IIFICANT CONDITIONS C ATH BUT NOT RELATED TO	ONTRIBUTING	(B)(DUE TO, OR	as a conse	QUENCE OF:	1			
DISEASE OR	CONDITION GIVEN IN	PART 1 (A).	(
S 20A. DATE OF	F OPERATION 208. CO	INDITION FOR	WHICH OPERATION W	AS PERFOR!	AED			21. AUTO	No
UNDERLYING	NAL CAUSE WAS OOR CONTRIB- LUSE OF DEATH.	22B. I home	PLACE OF INJURY(e.g., p, form, foctory, street, office	in or obout e bldg., etc.)	22C. WHERE DID NJURY OCCUR?	(If In Boltimo	re City, glve	exoct location)	
22D. TIME OF INJURY (APPROX.)		V		WHILE ORK	22F. HOW DID I	NJURY OCC	JR?		
ACTUAL SIGNATI EXAMIN NAME (1 24A. BURIAL CRE/ REMOVAL / (Speci	ure Charles (Type) Charles (MATION, 1248, DATE	S. Spri	Inspection Suicion Suicion M.D. Ingate, M.D. C. NAME of CEMETERY	ASS ASSO	ond that on omicide CHIEF MEDICAL ISTANT MEDICAL DICATE MEDICAL DRY 24E	Undetermi EXAMINER LEXAMINER LEXAMINER	med monne		
VS 151-REV. 1/1/68	В	191	900	00	7 11	1	,	~ //0	1 1 recision





69 2755 BALTIMORE CIT	Y HEALTH DEPARTMENT 69 2755
O DED OF RIPTH NO	ATE OF DEATH REG. NO. 69 2755
O D V) (Type of Print)	2. DATE AND HOUR OF DEATH
m - v o E Call PC o CE N o House of	3/13/69 16 I Am M
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution residence before admission)
	Maryland 8-08
	C. CITY OR TOWN D. INSIDE CITY LIMITS?
M	Baltimore YES X NO
The Johns Hopkins Hospital	E. STREET AND NUMBER
	1004 N. Bond Street
	8. DATE OF SIRTH 9. AGE (In years if Under 1 Yt., It Under 24 Hrs. Manths! Days Haurs; Min.
WIDOWED DIVORCED	0/1//43 25 ! ! !
10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY	
HOUSE KEEPER J. H. HOSPU	M. d.
D TO B O S TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOT	14. MOTHER'S MAIDEN NAME
	HABEL PITTERN
13. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT ADDRESS
- H ME DE DE N/ 4 1020	HAZEL GRAY 1004 N. BOND ST
EAUSE OF DEAT	1
DISEASE OF CONDITION PROCESS	BETWEEN ONSET AND DEATH
LEADING TO DEATH TO S O S D E (This does not mean the mode of duing	USE FEMORAL AFTERY LACETATION 7 WEEKS
DUE TO, OR AS	A CONSEQUENCE OF:
heart failure, ashenia, etc. Il means the disease, injury ar camplication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
and and and another coose that stating title	
TO TO THE TOTAL CONTINUES CONTRIBUTIONS	
E E C E E C DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
WAS BEDECOMMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5 5 Jan 25 1969 Fernord artery Hacration	152 Dec
The state of the s	in ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR? (il in Boltimare City, give exact lacotion)
DEATH (notity medical examine)	1521 N. BETHEL ST.
A S 1969 3 W Wark Wark	21F. HOW DID INJURY OCCUR? APPAR ENTLY CUT BY BROK
Al Wark	. I white his ring plantie on sylving GLA
	JAN 25 19 69 10 MATCH 13 1969
that (1) (we) last saw the deceased alive on white 12	19 69 ond that in (my) (our) opinion death accurred on the date
and haur and from the causes stated above. (1) (We) (did) (did nat) v	. , ., .
that (I) (we) last saw the deceosed olive on wince 12 and haur and from the causes stated above. (I) (We) (did) (did nat) v	238, DATE SIGNED
	ending Med. Staff
E B B B B B B B B B B B B B B B B B B B	s. Li Director Li Phys. Li 3/13/69 23D. ADDRESS
HOWARD C SNIZER, TR MD	Johns Hooking Hos 70
HOWARD C SNIZER, TR MD DEGREE 24C, NAME of CEMETERY OF CRI REMOVAL (Specify) 3/17/69 Mt. CALVARY	
REMOVAL (Specify) BURIAL 3/17/69 MT. C. ALVARY	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25G. FUNERAL DIRECTOR ROCKS & 1304 N. Central Art
THE RESERVE OF THE PARTY OF THE	11 - The wind of the state of the



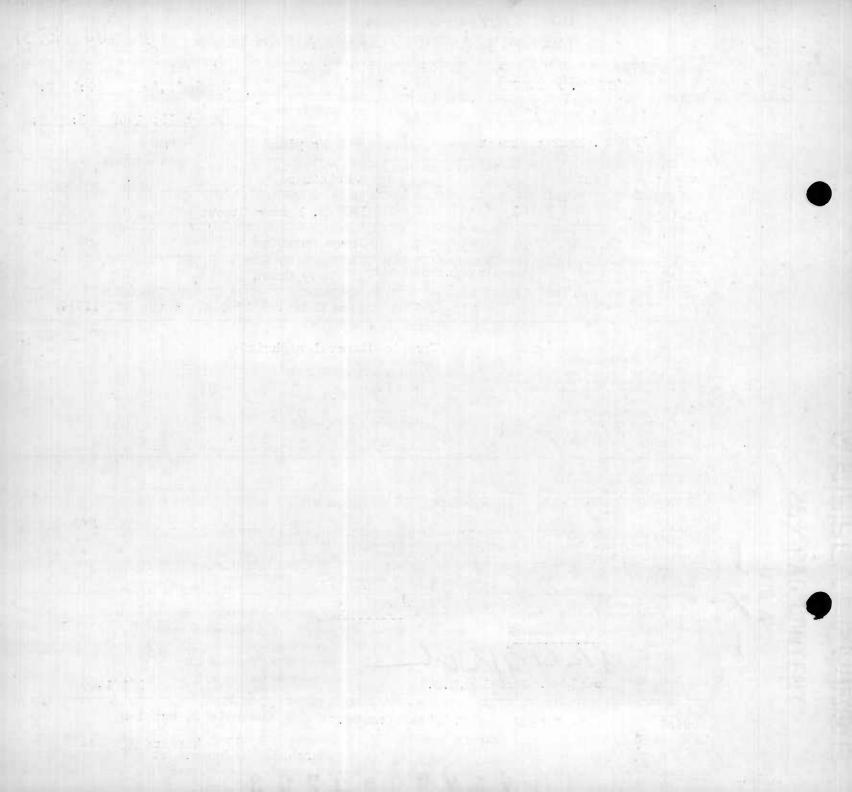


69 2757 BALTIMORE CITY HEALTH DEPARTMENT

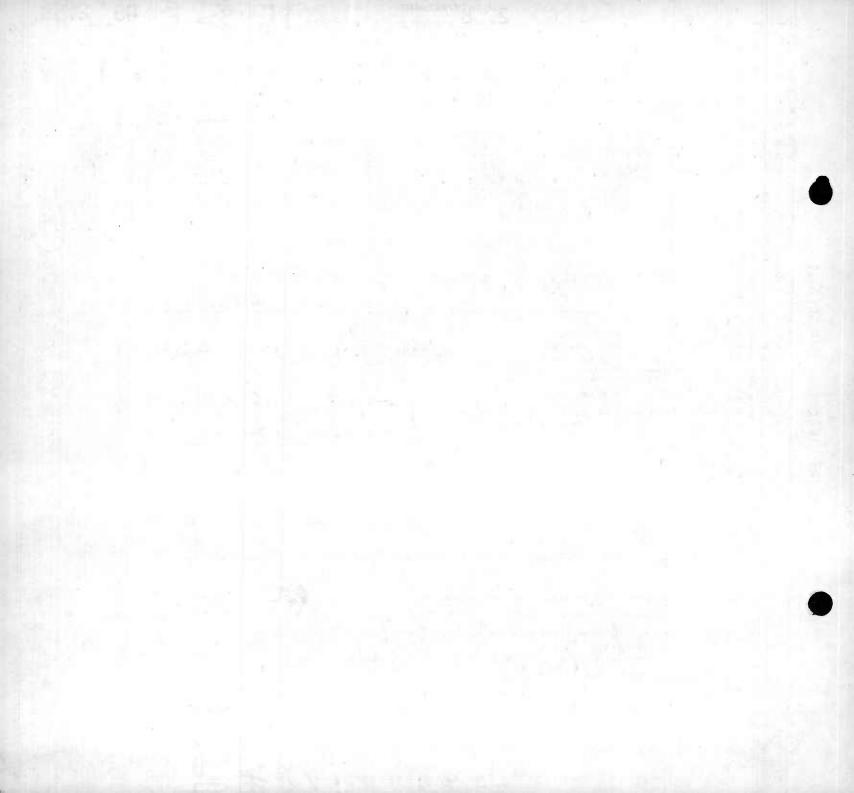
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69	OME	m
00	275	.1

BIRTH NO.		MILD	ICAL	LVAMILATER 2	LIVIIII	CAIL OI	DLAIII	REG. NO			-
1. NAME OF DECEASED						Knawn 🔲	Month	Doy	Year	Hour	
(Type or Print) MARY V. HUTCHINS						Estimoted	March	13,19	69	3.30	Р. м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							Month	Doy	Yeor	Hour	L · M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						UNCED DEAD		h 13,		3:30	
1900 N. Monroe Street						RESIDENCE (When		COUNTY	residence,	- O	4
6. SEX 7. RACE 8. MARRIED NEVER MARRIED X WIDOWED DIVORCED					timore	D.	INSIDE CIT	IVI	№ □		
9. DATE OF BIRTH	DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) , 1 Months, Doys, Hours, Min.				N. Monroe	Street	16	2 []	NO L		
2-4-1928 11. BIRTHPLACE (S				CITIZEN OF	13. FATHE		bereer				
Queen Ann			12	WHAT COUNTRY?		Hutchins					
done during most of w Examiner	14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Unemployment Securi					ary Greer					
16. WAS DECEAS	ED EVER IN U	S. ARMED	FORCES?	17. SOCIAL	18. INFOR				DRESS		
(Yes, no or unknown)	(ir yes, give wo	or or dotes	or service)	213=2279317	Alice	Hutchins	1900 N.	Monroe	St.	21217	
195 8	2 X.			CAUSE OF DEA	тн		F-85-16-			PPROXIMATE I	
	E OR CONDIT		CTLY	Chronic	Glomer	ulonephri	tis				
	LEADING TO			(A)IMMEDIATE	AUSE						
heort foilure,	ot mean the m , osthenio, etc. l	t meons the	disease,	DUE TO, OR	AS A CONSE	QUENCE OF:					
injury or com	plication which	caused dea	ith.)								
AN	NTECEDENT C	AUSES		(B)							
DISEASES	OR CONDITIO	NS, IF ANY	, GIVING	(B)DUE TO, OR	AS A CONS	QUENCE OF:					
UNDERLYING CONDITION LAST.											
<u> </u>	1	1		(0/							
O THE DEA	IFICANT CONT ATH BUT NOT R CONDITION G	RELATED TO	THE TERMIN								
20A. DATE OF				R WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes	or No)
0 1										yes	
₹ 22A. EXTER	NAL CAUSE W	VAS	22	B. PLACE OF INJURY (e.g.,	in or obout	22C. WHERE DID	(If in Soltimore C	ity, give exo	t locotion)	yes	
UNDERLYING UTING CA	OR CONTI	RIB-	ho	me, form, foctory, street, offic	e bldg., etc.)	INJURY OCCUR?					
≥ 22D. TIME ((Month) (Do	y) (Yeor) (Hour)	22E.INJURY OCCURRED		22F. HOW DID IN	IJURY OCCUR?				
(APPROX.)			m		WHILE						
23.	F. 18 11					ali-		A. D.			
I cert	ify that I he	ld on Ir	nquiry 📙	InspectionAu	topsyXX	ond that on	his bosis, de	oth in my	opinion		
result	ted from: No	turol cou	ses X	Accident Suicio	de 🔲 H	omicide 🔲	Undetermined	monner [
)	1 1	1		CHIEF MEDICAL	EXAMINER [D 4 7 5 1 6	DAILED.
ACTUAL	11 //	my	111	41	ASS	ISTANT MEDICAL	EXAMINER E	k		DATE SIC	MED
EXAMINI NAME (T	ER'S Rona	1d N.	Kornb	lum, M.D.	ASS	OCIATE MEDICAL	EXAMINER _]	3/1/14	ı 69	
24A. BURIAL CREA	MATION. 24	B. DATE		24C. NAME of CEMETERY	or CREMAT	ORY 24D	LOCATION	(City, town	1 1		iote)
REMOVAL (Specific Burial	fy)	3-17-1		Carmichael Ce			eenstown			, (5.	,
25A. DATE REC'D	BY HEALTH D	EPT.	25B. NA	ME OF REGISTRAR	25C.	FUNERAL DIRECT	OR1735 H	arford	DERESS	21213	
M	Ar los i	300 J	12.0	2. sanburna		Marshall	W. Jones	, Jr.	WA _		
VS 151-REV. 1/1/68	3		0	6 0 0 0	0 0	7 17 6)				



1	NAME OF D	ECEASED			_	ATE AND HOUR OF DEAT	
	Type or Print)	ANNA	3	SAKE	R	3.13.69	institution: residence before
	3. PLACE IN B	ALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived. If COUNTY	institution: residence before o
	FULL NAME (OF (IF NOT IN HOSI	PITAL OR INSTIT	UTION, GIVE STREET	MARYLAND	BALTIM BE	3-00
i	FULL NAME (HOSPITAL OR INSTITUTION	ADDRESS OR LO	CATION)		C. CITY OR TOWN		ISIDE CITY LIMITS?
K	BALTIM	ORE CITY HOSE	TALS				YES NO
P	4940 E	ASTERN AVE. E	BALTO. MI	. 21224	E. STREET AND NUM		
15	5. SEX	6, RACE	7	<u> </u>		NING ROAD 2	1222
				NEVER MARRIED		fost birthdoy)	Months Doys Hours
	FEMAL OF		WIDOWED		II-8-23 ISTRY 11. SIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT
	done during most	of working life, even if retired			MARYLAND	,	U.S.A.
3	HOUSE					EN NIABAE	U.D.A.
1	3. FATHER'S N	AME			14. MOTHER'S MAID	EN NAME	
		OFFELD			ADELAIDE	RUNG	
0	5. Was Deceos Yes, no or unkno	sed Ever in U. S. Armed (Wn) (If yes, give wor or d	Forces? oles of service)	SECURITY NO.	17. INFORMANT		21224 ADDRESS
				015-18-9	2-16 BCH: RECO	ORDS 4940 EASTE	ERN AVE. BALTO.
	18. //	4 X		CAUSE OF D	DEATH //		BETWEEN ONSET A
3	rise to	ANTECEDENT CAUS OR CONDITIONS, i The obove couse (A ING CONDITION lost.	ES fony, giving	187	SR AS A CONSTQUENCE OF	bee	2
	O OTHER SIGN TO THE DE	ANTECEDENT CAUS OR CONDITIONS, ; the obove couse (A) ING CONDITION lost. II EIFICANT CONDITIONS (C) EATH BUT NOT RELATED TO R CONDITION GIVEN IN P	f ony, giving A) stoting the CONTRIBUTING OTHE TERMINAL PART 1 (A).	(B) DUE 10 C	ovelo je	bee a	Lugarla
	O OTHER SIGN TO THE DE	ANTECEDENT CAUS OR CONDITIONS, is the obove couse (A ING CONDITION lost, II NIFICANT CONDITIONS (C EATH BUT NOT RELATED TO ECONDITION GIVEN IN P OF OPERATION 1198, CO	f ony, giving A) stoting the CONTRIBUTING OTHE TERMINAL PART 1 (A).	(B)	SR AS A CONSQUENCE OF OFFICE OF 20A. AUTOPSY? (Ye)		E FINDINGS CONSIDERED CAUSES OF DEATH?
	OTHER SIGNOTOR TO THE DE DISEASE OF TO THE DE DISEASE OF THE DESTRUCTION OF CONTROL OF C	ANTECEDENT CAUS OR CONDITIONS, is the obove couse (A ING CONDITION lost, II NIFICANT CONDITIONS (C EATH BUT NOT RELATED TO ECONDITION GIVEN IN P OF OPERATION 1198, CO	f ony, giving A) stating the CONTRIBUTING D THE TERMINAL PART 1 (A). DNDITION FOR ERFORMED	(C)	ovelo je	YES	E FINDINGS CONSIDERED AUSES OF DEATH?
	OTHER SIGN TO THE DE DISEASE OF DISEASE OF DEATH (no DEA	ANTECEDENT CAUS OR CONDITIONS, in the obove couse (A ing Condition lost.) II NIFICANT CONDITIONS (CATH BUT NOT RELATED TO R CONDITION GIVEN IN FOR CONDITION GIVEN IN THE CONDITION GIVEN GI	(FOR THE TERMINAL DART I (A). CONTRIBUTING DART I (A). CONTRIBUTING PART I (A).	WHICH OPERATION B. PLACE OF INJURY me, form, foctory, streen, and the street of the	20A. AUTORSY? (Ye.g., in or about 214. WHERE ret, office bldg., INJURY OC	YES	
	OTHER SIGNOTO TO THE DE DISEASE OF TO THE DE DISEASE OF TO THE DE DISEASE OF TO THE DEATH (no DE	ANTECEDENT CAUS OR CONDITIONS, in the obove couse (A ing Condition lost.) II NIFICANT CONDITIONS (CATH BUT NOT RELATED TO R CONDITION GIVEN IN FOR CONDITION GIVEN IN THE CONDITION GIVEN GI	(FOR THE TERMINAL DART I (A). CONTRIBUTING DART I (A). CONTRIBUTING PART I (A).	WHICH OPERATION B. PLACE OF INJURY The property of the prope	20A. AUTOPSY? (Ye.g., in or obout 210. WHERE let, office bldg., INJURY OC	DID (If in Boltim	
	OTHER SIGN TO THE DE DISEASE OF 19A. DATE 21A. ACCION CONTROL OR CONTROL OF INJURY (APPROX.)	ANTECEDENT CAUS OR CONDITIONS, in the obove couse (A ing Condition lost.) II NIFICANT CONDITIONS (CATH BUT NOT RELATED TO R CONDITION GIVEN IN FOR CONDITION GIVEN IN THE CONDITION GIVEN GI	(FOR THE TERMINAL DANDITION FOR ERFORMED 211 (Hour) (Hour) 211 (W)	WHICH OPERATION B. PLACE OF INJURY ne, form, foctory, streen,	20A. AUTOPSY? (Ye. g., in or obout 21G. WHERE INJURY OC	DID (If in Boltim	nore City, give exact location)
	OTHER SIGN TO THE DE DISEASE OF DISEASE OF OR CONTR DEATH (no OF INJURY (APPROX.) 22. I certi	ANTECEDENT CAUS OR CONDITIONS, in the obove couse (AING CONDITION lost.) NIFICANT CONDITIONS (CATH BUT NOT RELATED TO RECONDITION GIVEN IN PROPERTY OF OPERATION 198. COWAS PROPERTY OF CAUSE OF thify medical examinet)	(FOR THE TERMINAL DINDITION FOR ERFORMED (CONTRIBUTING DITHE TERMINAL	WHICH OPERATION B. PLACE OF INJURY ne, form, foctory, streen,	20A. AUTOPSY? (Ye. e.g., in or obout 210. WHERE let, office bldg., INJURY OC	DID (If in Boltim	nore City, give exact location)
	OTHER SIGN TO THE DE DISEASE OF DISEASE OF DEATH (NO DEA	ANTECEDENT CAUS OR CONDITIONS, in the obove couse (A ing CONDITION lost.) ING CONDITION lost. INIFICANT CONDITIONS (CATH BUT NOT RELATED TO RECONDITION GIVEN IN PROPERTY IN CONDITION GIVEN IN PROPERTY WAS UNDERLYING CAUSE OF Intify medical examiner) (Month) (Doy) (Year ify that (I)) (This hospiner)	(FOR THE TERMINAL PART I (A). ONDITION FOR ERFORMED (Hour) 211 (A).	WHICH OPERATION B. PLACE OF INJURY ne, form, foctory, stree INJURY OCCURRET The deceased from	20A. AUTOPSY? (Year, office bldg., INJURY OC	DID (If in Boltim CUR? DID INJURY OCCUR?	nore City, give exact location)
	OTHER SIGN TO THE DE DISEASE OF DISEASE OF DEATH (NO DEA	ANTECEDENT CAUS OR CONDITIONS, in the obove couse (A in the obove couse (A in the obove couse) II CONDITION lost. ATH BUT NOT RELATED TO RECONDITION GIVEN IN POPERATION 198. CONDITION GIVEN IN POPERATION (A in the obove could be in the obo	(FOR THE TERMINAL PART I (A). ONDITION FOR ERFORMED (Hour) 211 (A).	WHICH OPERATION B. PLACE OF INJURY ne, form, foctory, stree INJURY OCCURRET The deceased from	20A. AUTOPSY? (Ye. e.g., in or obout 210. WHERE let, office bldg., INJURY OC	DID (If in Boltim CUR? DID INJURY OCCUR?	nore City, give exact location)
	OTHER SIG TO THE DE DISEASE OF 19A. DATE 21A. ACCII OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certitha tha (I) (w	ANTECEDENT CAUS OR CONDITIONS, in the obove couse (A in the obove couse (A in the obove couse) II CONDITION lost. ATH BUT NOT RELATED TO RECONDITION GIVEN IN POPERATION 198. CONDITION GIVEN IN POPERATION (A in the obove could be in the obo	(FOR THE TERMINAL PART I (A). ONDITION FOR ERFORMED (Hour) 211 (A).	WHICH OPERATION 3. PLACE OF INJURY ne, form, foctory, stree hite At Not At the deceased from 1) (We) (did) (did re	20A. AUTOPSY? (Year, office bldg., INJURY OC	DID (If in Boltim CUR? DID INJURY OCCUR? and that in (my) (our) a death.	nore City, give exoct locotion) 3 - / Z 10
	OTHER SIGN TO THE DE DISEASE OF DISEASE OF DEATH (no DEA	ANTECEDENT CAUS OR CONDITIONS, in the obove couse (A ing CONDITION lost.) IN INFICANT CONDITIONS (CATH BUT NOT RELATED TO RECONDITION GIVEN IN THE CONDITION CONDITION OF OPERATION 1988. COWAS PORTION (Month) (Doy) (Year (Month) (Month) (Doy) (Year (Month)	(FOR THE TERMINAL PART I (A). ONDITION FOR ERFORMED (Hour) 211 (A).	WHICH OPERATION B. PLACE OF INJURY ne, form, foctory, stree INJURY OCCURRET The deceased from	20A. AUTOPSY? (Ye. e.g., in or obout 210. WHERE let, office bldg., INJURY OC While 19 19 Attending Med. Directo	DID INJURY OCCUR? DID INJURY OCCUR? and that in my (our) a death.	nore City, give exoct locotion) 3 - / Z 10
	OTHER SIGN TO THE DE DISEASE OF DISEASE OF DEATH (no CONTR DEA	ANTECEDENT CAUS OR CONDITIONS, i the obove couse (A ING CONDITION lost. II NIFICANT CONDITION S EATH BUT NOT RELATED TO R CONDITION GIVEN IN P OF OPERATION 179B. CO LIBUTING CAUSE OF thity medical examiner) (Month) (Doy) (Year ify that (I) this hospi we) last saw the decea and from the causes s ATURE CIAN'S LHYPE)	(FOR THE TERMINAL PART I (A). ONDITION FOR ERFORMED (Hour) 211 (A).	WHICH OPERATION S. PLACE OF INJURY ne, form, foctory, stre INJURY OCCURRED At the deceased from DEGREE	e.g., in or obout 210. WHERE let, office bldg., INJURY OC While 19 Attending Med. Phys. Directo 230. ADDRESS RE C	DID OCCUR? DID INJURY OCCUR? DID INJURY OCCUR? and that in (my) (our) a death. Stoff Phys. TTY HOSPITALS	3 - / Z pinian deoth accurred on 23B. DATE SIGNED
	OTHER SIGN TO THE DISEASE OF DISEASE OF DISEASE OF TOR CONTROD TO THE DEATH (no PROX.) 21 D. THME OF INJURY (APPROX.) 22. I certitle (I) (wand hour 23A. SIGNA 23C. PHYSICAL PROX.)	ANTECEDENT CAUS OR CONDITIONS, in the obove couse (A ing CONDITION) in the obove couse (A ing CONDITION) in the ing in t	(ony, giving () stoting the CONTRIBUTING OTHE TERMINAL PART I (A). CONDITION FOR ERFORMED (Hour) 211 (W) (W) (Hour) 211 (a) (Hour) 211 (b) (Hour) 211 (c) (Hour) 211 (c) (Hour) 211 (c) (Hour) 211 (d) (Hour) 211 (d) (Hour) 211 (e) (Hour) 211	WHICH OPERATION S. PLACE OF INJURY ne, form, foctory, stre INJURY OCCURRED At the deceased from DEGREE	20A. AUTOPSY? (Ye 20A. AUTO	DID OCCUR? OID INJURY OCCUR? OID INJURY OCCUR? and that in (my) (our) a death. Shoff Phys. ITY HOSPITALS RN AVE. BALTO.	nore City, give exoct location) 3 - / Z 19
	OTHER SIGN TO THE DE DISEASE OF DISEASE OF TO THE DE DISEASE OF TO THE DE DISEASE OF TO THE DEATH (no DEAT	ANTECEDENT CAUS OR CONDITIONS, in the obove couse (A ing CONDITION) in the couse (A ing CONDITION) in the couse of the condition given in the couse of the condition given in the couse of	(ony, giving () stoting the CONTRIBUTING OTHE TERMINAL PART I (A). CONDITION FOR ERFORMED (Hour) 211 (W) (W) (Hour) 211 (a) (Hour) 211 (b) (Hour) 211 (c) (Hour) 211 (c) (Hour) 211 (c) (Hour) 211 (d) (Hour) 211 (d) (Hour) 211 (e) (Hour) 211	WHICH OPERATION B. PLACE OF INJURY me, form, foctory, streen,	20A. AUTORSY? (Ye e.g., in or obout 21D. WHERE ret, office bldg., INJURY OC While 19 Attending Med. Phys. Med. Directo 23A ADDRESS RE C ECREE 1.940 EASTE or CREMATORY	DID OCCUR? DID INJURY OCCUR?	pinian deoth accurred on 23B. DATE SIGNED 3 -/3 - MD. 21224 (City, town, or county)
24	OTHER SIGN TO THE DE DISEASE OF DISEASE OF DISEASE OF TO THE DE DISEASE OF THE DEATH (no DE ATH (no	ANTECEDENT CAUS OR CONDITIONS, in the obove couse (A ing CONDITION) in the couse (A ing CONDITION) in the couse of the condition given in the couse of the condition given in the couse of	CONTRIBUTING THE TERMINAL PART I (A). CONTRIBUTING THE TERMINAL PART I (A). CONDITION FOR ERFORMED 211 hori etc 212 with the contribution of the	WHICH OPERATION B. PLACE OF INJURY me, form, foctory, streen,	e.g., in or about 21%. WHERE ret, office bldg., INJURY OC While 19 Attending Med. Phys. Med. Phys. Directo 23D ADDRESS CREMATORY C YM. OQ OR NS	DID OCCUR? DID INJURY OCCUR?	pinian deoth accurred on 23B. DATE SIGNED 3 -/3 - MD. 21224 (City, town, or county) ADDRESS
100	OTHER SIGN TO THE DE DISEASE OF DISEASE OF DISEASE OF TO THE DE DISEASE OF THE DEATH (no DE ATH (no	ANTECEDENT CAUS OR CONDITIONS, in the obove couse (A ing CONDITION) (A ing CONDITION lost. IN INFICANT CONDITIONS (CATH BUT NOT RELATED TO RECONDITION GIVEN IN POF OPERATION 19B. CONDITION GIVEN IN POF OPERATION (MONTH) (Doy) (Year ing) (Month) (Month) (Doy) (Year ing) (Month) (Mont	CONTRIBUTING THE TERMINAL PART I (A). CONTRIBUTING THE TERMINAL PART I (A). CONDITION FOR ERFORMED 211 hori etc 212 with the contribution of the	WHICH OPERATION B. PLACE OF INJURY ne, form, foctory, stre I Not At Che deceased from DEGREE AME of CEMETERY	e.g., in or about 21%. WHERE let, office bldg., INJURY OC While Attending Phys. Attending Med. Phys. Attending Med. Phys. CERRE 4940 EASTE CREMATORY C. M. OR OR NS	DID NJURY OCCUR? DID INJURY OCCUR?	pinian deoth accurred on 238, DATE SIGNED 3 - / 3 MD. 21224 (City, town, or county) MA



MEDICAL EXAMINER'S CERTIFICATE OF DEATH ..

BIRTH NO.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10/12			<u> </u>					REG. NO.			
NAME OF DEC	EASED					2. DA		Known]	Month	Doy	Yeor	Hour	
Type or Print) VIRGI	IT.		YAR	BOROUG	CH CH	DEA		Estimoted	X	March	11.	1969	1:00	AM
4. PLACE IN BALT		RYLAND, V				3. DA				Month	Doy	Yeor	Hour	22.41.
FULL NAME OF	HOSPITAL ADDRESS OR LOCATION)						IUONO	NCED DEAD	Ma	rch 1	1, 1969		6:45	Ам.
OR INSTITUTION							IDENCE (W		ece osed live	d. If institution		belore odmiss	ion)	
0 C6 s.	Broadw	ay				A. STA	iie Iary:	land		В	. COUNTY	=	3-0	/
6. SEX	7. RACE		8. MARR	IED NE	VER MARRIED	1	YORT				D. INSIDE C	TY LIMITS?		
male	whi	te	WIDOW	ED 🗌	DIVORCED [) P	Balt:	imore			Y	ES X	NO 🗌	
9. DATE OF BIRTH	H	10. AGE (I		If Under 1	Yr. If Under 24 Hrs		REET AN	ID NUMBER	R					
9-28-11		60	57				S.	Broadw	vay					
11. BIRTHPLACE (S	tote or loreig	n country)		12. CITIZE		13. FA	THER'S	NAME						
North C	aroli	na		ÛS	A COUNTRY?	Rub	en	Yarbo	rou	igh				
14A.USUAL OCCUI	PATION (Give	kind of work	14B. KIND	OF BUSIN	ESS OR INDUSTI	RY 15. M	OTHER'	S MAIDEN	NAME	0				
Brickla				as 1	4A	Myr	tle	Wood						
16. WAS DECEASI	ED EVER IN	J.S. ARME	D FORCES	? 17. S	OCIAL ECURITY NO.		FORMA				А	DDRESS		
Yes	WW				0-18-2505	Rub	en	Yarbo	rou	gh. (reens	boro	N.C.	
19. 41	2.41				CAUSE OF DE							A	PPROXIMATE IN	
DISEASI	E OR COND	TION DIRE	CTLY		Arteri	osc1e	rot	ic Card	liou	2 00111	ar Dise	250		
	LEADING TO				(A)IMMEDIATE		.102.	LC Calc	1100	ascur	al Disc	436		
heort foilure,	ot meon the , osthenio, etc.	It meons th	e diseose,		DUE TO, OR		NSEQU	ENCE OF:						
Injury or com	nplication which	h coused de	oth.)											
AN	NTECEDENT	CAUSES			(B)									
DISEASES O	OR CONDITION	DNS, IF AN	Y, GIVING		DUE TO, OI	R AS A C	ONSEQI	JENCE OF:						
Z UNDERLYIN	NG CONDITI	ON LÁST.			(c)									
일		11							_		_			
OTHER SIGN	ATH BUT NOT													
DISEASE OR	CONDITION	GIVEN IN P	ART I (A).											
OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF	POPERATION	1 20B. CO	NDITION	FOR WHIC	H OPERATION V	WAS PERFORMED 21. AUTOPSY? (Yes or No.)						(No)		
. ()							Lan					N		
22A. EXTERI UNDERLYING UTING CA	NAL CAUSE			home, form,	OF INJURY (e.g. foctory, street, off	., in or ob ice bldg.,	etc.) IN	JURY OCCU	JR?	in Boltimore	City, give ex	oct locotion))	
Q UTING □ CA	USE OF DEA	TH.												
OF INJURY	(Month) (D	oy) (Yeo	r) (Hou	WHILE A	URY OCCURRED	T WHILE F	_ 22	F. HOW DID	חנאו נ	IKY OCCU	K?			
(APPROX.)				m. WORK		WORK								
23.	ify that I he	ald an	Inquiry [lass	ection 🕅 A	utapsy		and that a	an thi	e haeie d	leath in my	aninian		
	ted fram: N			Accide		ide 🗌		nicide 🔲			ed manner			
resum	rea fram: 14	a total cal	JSES [A]	- ACCIMA	3012	Ide 🗀		HIEF MEDIC						
ACTUAL Allengh Soft										X		DATE SIGN	IED	
SIGNATURE 3/11/69														
NAME (T		werne	L U.	SELLE	24.D.		W220C	JA IE MEDIC	ML EX	MININEK I				
24A. BURIAL CREA	MATION, 2	4B. DATE		24C. NA	ME of CEMETER	Y or CRE	MATOR	RY 2	24D. LC	CATION	(City, tow	n, or count	y) (Stot	e)
Burial (Specific Burial)		3-14-	69	Lake	view Me	m D	ank		Gre	ench	aro M	anth	Carol	ino
25 A. DATE REC'D			_	AME OFIR	ECICTOAD.			JNERAL DIR		SIISDO	263 S'	ADDRESS .	Jarol	SYC
	MAR	1 1969	R.C.	ت درو	" ATTENDER!"	H,	-0:	m m	Di					アノイン
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Burtal 3-14-69 Lakeview Fark . Oresosboro, North Oarolina

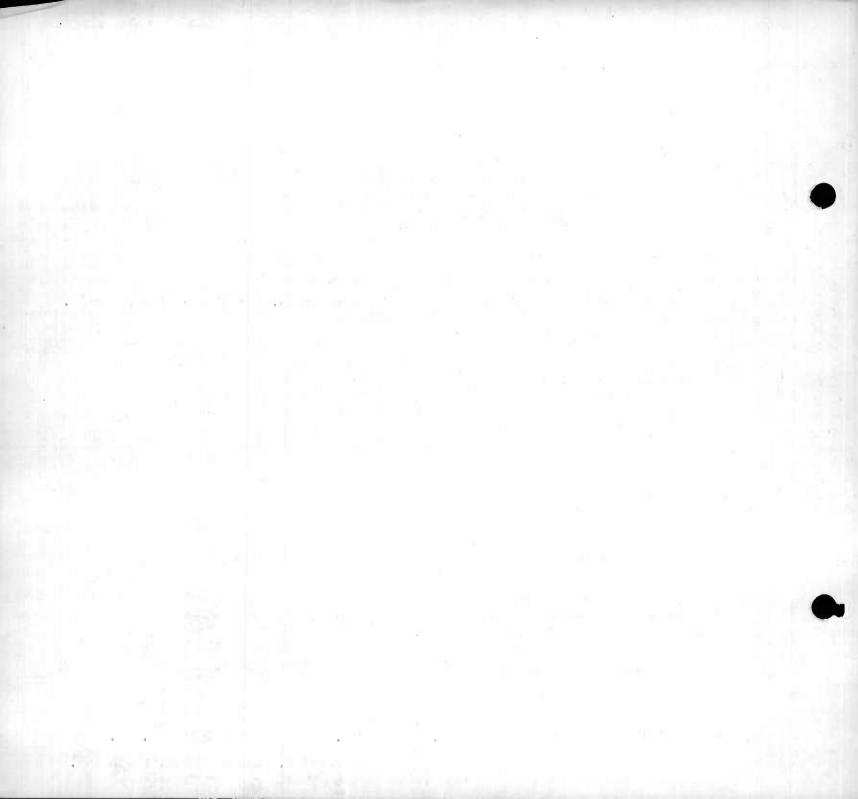
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LYFDIE W. Dick Greensters, M.C.

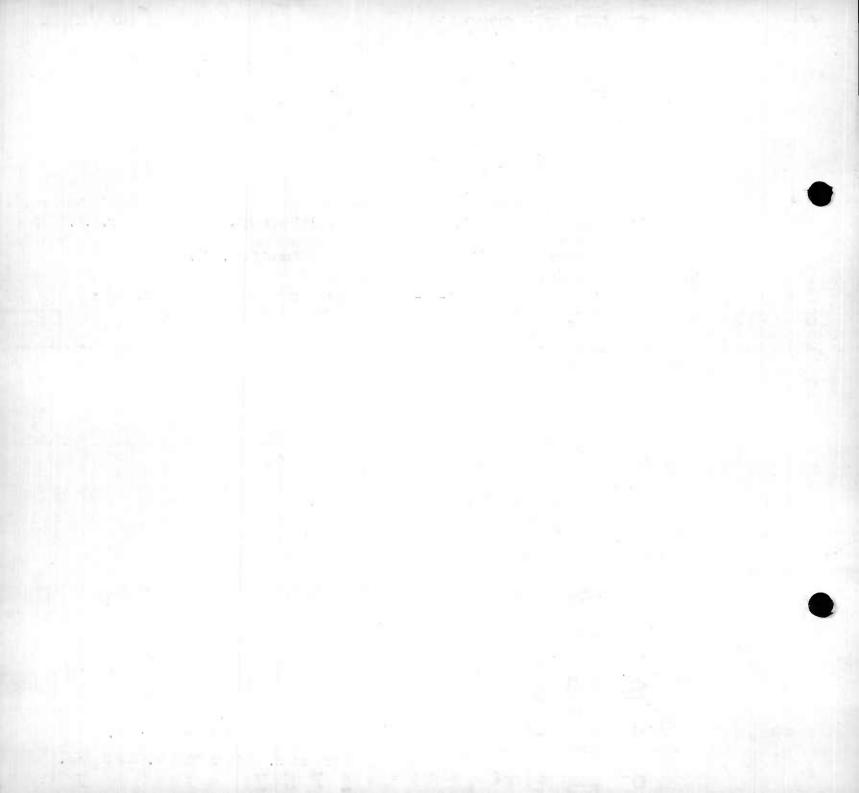
69	2760
	~ 100

MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO.	~700
1. NAME OF DECEASED	2. DATE Known St Month Doy Y	eor Hour
(Type or Print) EMMA HAMPTON	OF DEATH Estimoted 3 10	69 6:10 am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3 10	eor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD March 10, 196 5. USUAL RESIDENCE (Where deceased lived, If institution; resid	
42.	A. STATE B. COUNTY	13-17
Sinai Hospital 6. SEX 7. RACE B. MARDIED W MEVER MADDIED	Maryland C. CITY OR TOWN D. INSIDE CITY LIN	UTS2
MAKKIED LA NEVER MAKKIED LA		
Female Colored WIDOWED DIVORCED . 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	Balto. YES L	№ Ц
lost birthdoy) Months, Doys, Hours, Min.	E. STREET AND NOMBER	
9-10-99 69	2425 Woodbrook Ave.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
North Carolina 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	Enoch Pearson 15. MOTHER'S MAIDEN NAME	
Domestic Private Family	Nancy Washington	E 17 mg q
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRES	54402
	Mr. Dorsie A. Hampton 2425 Woo	dbrook Ave
19. L- D- A V L E Q S - CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OF CONDITION DISECTIVE		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Acute renal failure	
(A)IMMEDIATE (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AUSE AS A CONSEQUENCE OF:	•
I I I I I I I I I I I I I I I I I I I		point of the last
ANTECEDENT CAUSES (B)	AC A CONSTOURNES OF	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		•••••••••••••••
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Fra.	oture of loft him	10 A 10 A
DISEASE OR CONDITION GIVEN IN PART 1 (A).	cture of left hip	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. A	AUTOPSY? (Yes or No)
		YES
	in or obout 22C. WHERE DID (If in Boltimore City, give exoct loco e bldg., etc.) INJURY OCCUR?	tion)
UTING EXCAUSE OF DEATH. Driveway	3508 Old Court Rd.	
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROV)	WHILE Subject fell on ice	
23.		
I certify that I held an Inquiry Inspection Au	tapsy 🕮 and that on this basis, death in my apini	an
resulted fram: Natural causes Accident XXX Suicident	le Hamicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE	ASSISTANT MEDICAL EXAMINER XX	DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.	3/10/69	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY		
Burial 3-14-69 Arbutus Memor		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRE	55
Today -, something	Nutter Funeral Home 3035 W.	North Ave
VS 151 PEV 1/1/AR A S 41 5 3 1/1/4 Q 1 1	0 0 7 1 11	1/

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	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 0000
BIRTH NO. 69 27	62 CERTIFICA	ATE OF DEATH REG. NO	69 2762
1. NAME OF DECEASED (Type of PM) Ary J. Turner		2. DATE AND HOUR OF DI	Go PN
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROPERTY OF THE PROPERT		4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	53,-00
1 STITUTION 2 DECES ON ESCATION	1.	E. STREET AND NUMBER	YES NO NO
5. SEX 6. RACE 7. MARRI	P. +AC	7/26 Minna (8. DATE OF BIRTH / 9. AGE (In years	If Under 1 Yr. II Under 24 Hrs.
F N WIDOW	ED DIVORCED	7/5/10 30	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even il retired) MUSIC Teacher	Pvivate Pvivate	Baltimore MD.	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME Claude Marsha	11	CEmmaline?.	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servic	1 6. SOCIAL SECURITY NO. 218-09-9598	17. INFORMANT Mrs Ruth Sheffey 7126	Minna Road
18./ 7 4 X I	CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CA	USE CA Breast	2475
(This daes not meen the made of dying, e heart failure, asthenia, etc. It means the diseo injury ar camplicotian which coused death.)	9. DUE TO, OR AS	A CONSEQUENCE OF:	V
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if ony, givinise to the abave couse (A) stoting UNDERLYING CONDITION last.	"9	S A CONSEQUENCE OF:	
II II	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED	R WHICH OPERATION	20 A. ABTOPSY? (Yes or No.) 208. IF YES, N	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foclory, street, etc.)	in or about 21 C. WHERE DID (If In Bo	Oltimore City, glve exoct location)
O 21D. TIME (Month) (Doy) (Year) (Hour)	TIE. INJURY OCCURRED While At Not Wh	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this haspital) attende	Work	3710/09 19 10	3/11/67 19
that (I) (we) last sow the deceased alive o	- 1	19ond that in(my) (aut) opfnion deoth occurred an the dot
ond haur and from the causes stoted above	, (I) (We) (did) (did not)	view the bady ofter deoth.	23B DATE SIGNED
Box for I Colly	At DEGREE Ph	rending Med. Staff ys. Director Phys. 23D. ADDRESS	3/11/69
28e MYSICIAN'S NAMES Type) A + A	ohen aegrei	Sinai Herait	·
REMOVAL (Specify)	NAME OF CEMETERY OF C	REMATORY 24D. LOCATION	(City, town, or county) (Stote)
	E OF REGISTRAR	25C. FUNERAL DIRECTOR Herbert E. Nutter 303	ADDRESS
MAD 1 1 1000 20 0m 4	Cl man Ch and		



3/19/69 - Letter from Provident Hospital, dated 3/19/69. Signed by Phyllis Brown, R. R. L.

VS 151-REV. 1/1/6B

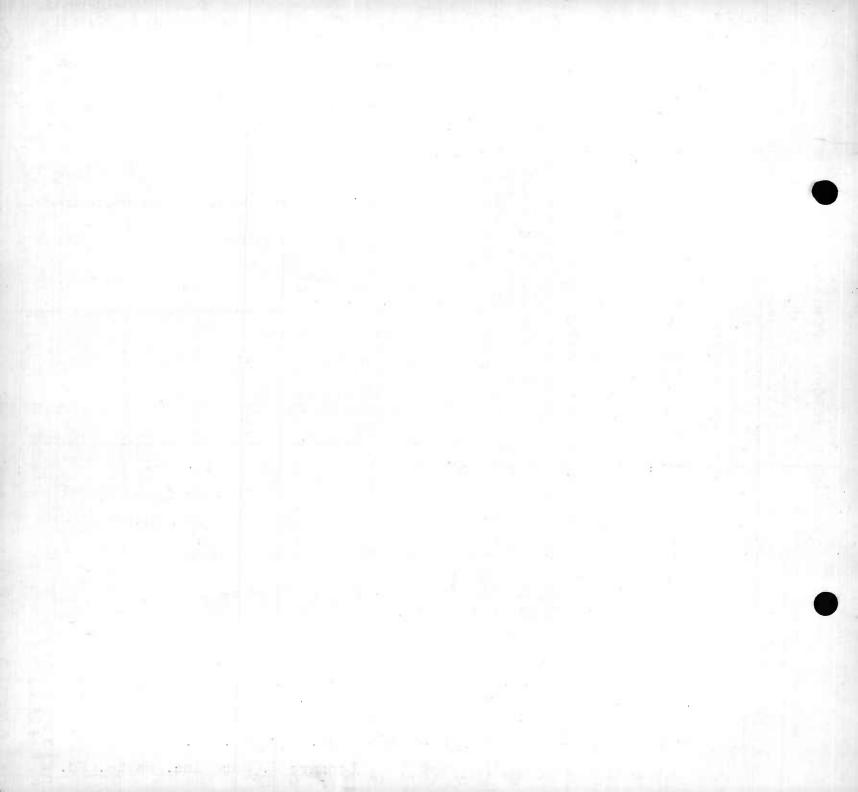
69 2764 BALTIMORE CITY HEALTH DEPARTMENT

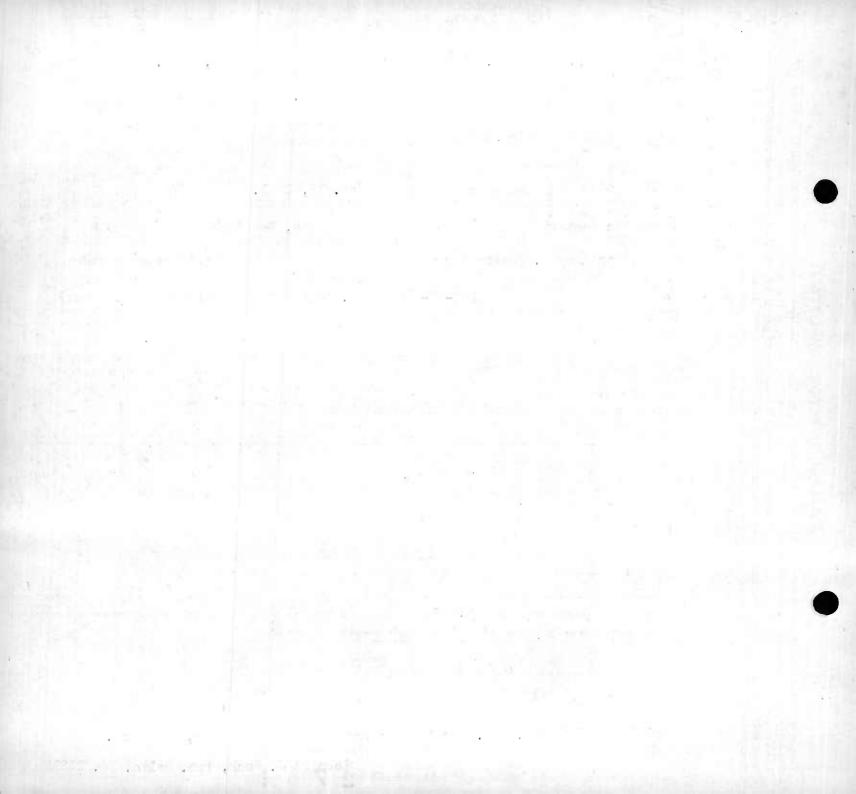
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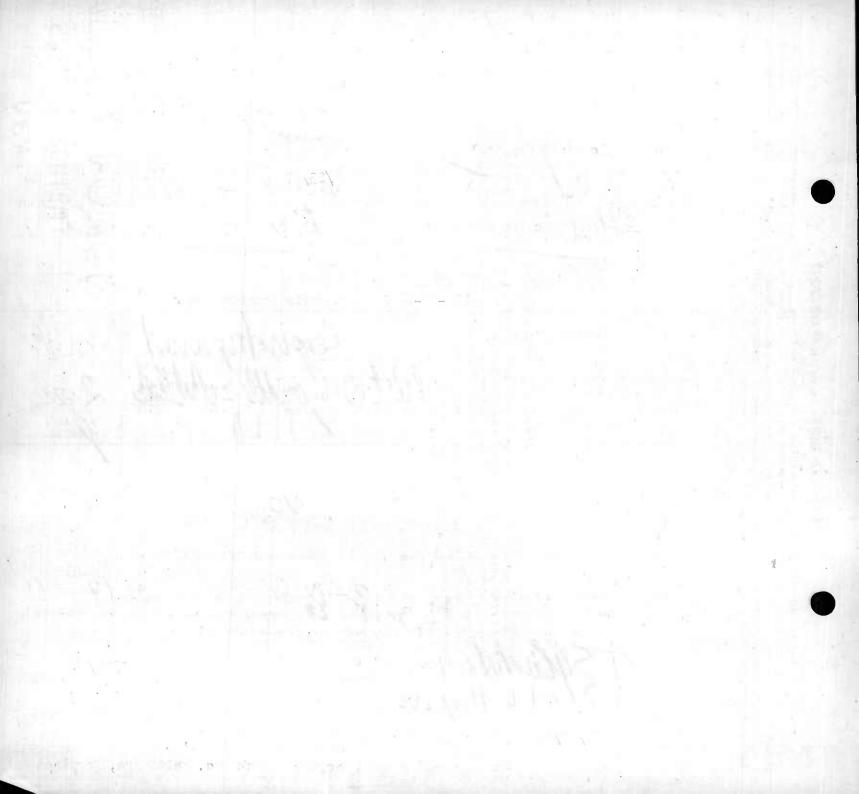
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.						
1. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour						
(Type or Print) HAMILTON F. PHILLIPS	OF State of the st						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted March 14,1969 3:25 A. M. 3. DATE Month Doy Yeor Hour						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD March 14, 1969 3:25 A. M.						
OR INSTITUTION	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
700 N. Appleton Street (DOA)	A. STATE MAryland B. COUNTY /6-04						
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
MA1e Negro WIDOWED DIVORCED	Baltimore YES 🔼 NO 🗆						
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. C-16-1908 Islands of Months Doys Hours Min.	700 N. Appleton Street						
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME						
CATONSVILLE MD WHAT COUNTRY?	William Palicups						
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life even if retired)	IS. MOTHER'S MAIDEN NAME						
OLD BONOT MACHINAT KOPPOTES CO.	40A 1408029						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT / YEGUNJAPORESSUS AVE						
455 m-w 2 216-201067	Sorry PHILLIPS WASH. D.C. 20032						
19. 5 9 0 0 CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY Bronch	nopneumonia						
LEADING TO DEATH	CAUSE						
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. it means the disease, injury or complication which caused death.)							
Acute	e and chronic pyelonephritis						
ANIECEDENI CAUSES (B)	AS A CONSEQUENCE OF:						
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
Z CONDITION LAST. (C)	AND 40000 COOK OF COOK						
E							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W							
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)						
6 1	yes						
Z2A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Bollimore City, give exact location)						
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	te bldg., etc.) INJURY OCCUR?						
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?						
	WHILE WORK						
23.							
I certify that I held an Inquiry I Inspection Au resulted from: Natural causes X Accident Suicio	de Homicide Undetermined monner						
resulted from: Matural Eduses 1-2 Accident 301cm	CHIEF MEDICAL EXAMINER						
ACTUAL SIGNATURE AND AUGUST ME	ASSISTANT MEDICAL EXAMINER						
SIGNATURE ASSOCIATE MEDICAL EVAMINED							
NAME (Type) Ronald N. Kornblum, M.D.	3/14/69						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
Buraco 3/8/0) Buch 17	Jack !						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	mas San Physics BS & Grenn						
MAD 1 4 1959 A C To C Man of mos Son Player 638 h gicming							

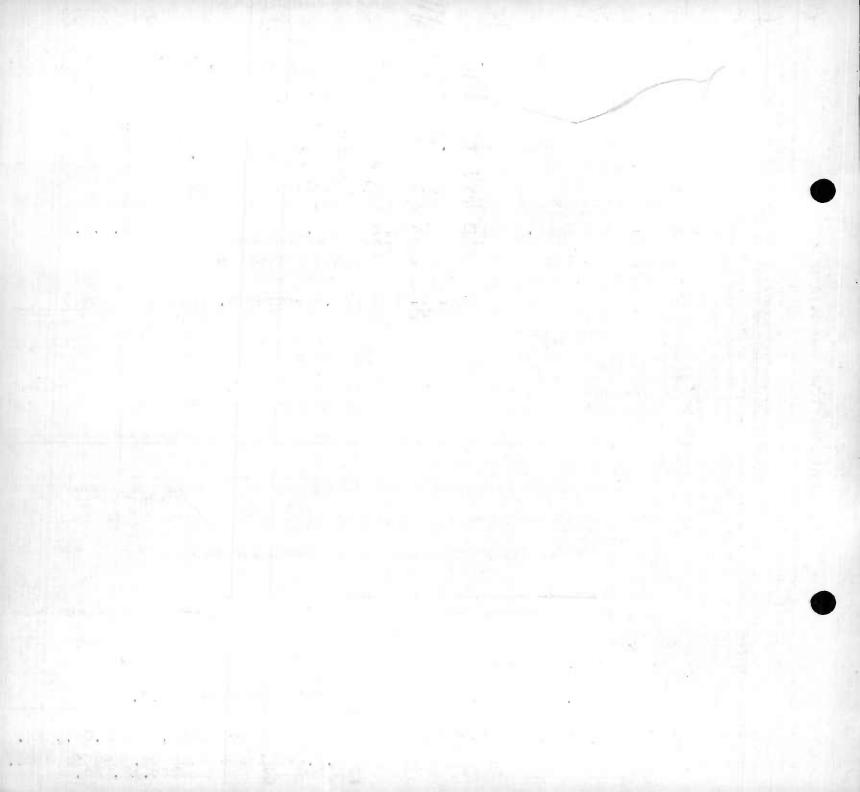
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DIRECTOR:

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FUNERAL DIRECTOR:

. 1		69 8	BALTIMORE CITY	HEALTH DEPARTMENT	1/	
	IRTH NO.			TE OF DEATH	REG. NO	69 2771
	NAME OF DECEASE	RECKENBE	RGER ANNA		ND HOUR OF DEATH	1 2 5 4
3	PLACE IN BALTIMO	RE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution residence before admission
F	ULL NAME OF IOSPITAL OR NSTITUTION	IIF NOT IN HOSPITAL OR I ADDRESS OR LOCATIONI	NSTITUTION, GIVE STREET	May land	Baltim	ore 53-00
3/2	Franklin So	Square Luare Hospital	Hospital	Edgemere E. STREET AND NUMBER 2118 Loolge		YES NO E
	SEX 6. RA	CE 7. 44.45	RIED NEVER MARRIED		9. AGE (In years	
10	Female	MIDO	WED DIVORCED	12.23.80	lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
do	ine during most of warking	ON (Give kind at work)10B, KfN g life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Housewi			Marylo	and	Ancerca.
13	FATHER'S NAME	T		14. MOTHER'S MAIDEN NAM	ME	
16	?	Raemer		· ? . F	a.	
(Ye	No No	in U. S. Armed Forces? is, give wor or doles of serv	ice) 16. SOCIAL SECURITY NO. 218094178-	Mrs. Ruth Ma	er) Edgemer 2118 Lode	ere, ADDRESS Md. ge Forest Drive,
\vdash	18. / / /	/	CAUSE OF DEATH	TILD I ICCOIL MA	y, allo hou	
	DISEASE OR	CONDITION DIRECTLY	CHOSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEAD	ING TO DEATH	10000 - 1	Dag a	0 (11)	
	(This does not me	can the mode of dying,	e.g., (A) IMMEDIATE CAUS	CONSEQUENCE OF:	a, Coma	***************************************
	injury or complicat	nia, etc. If means the disc ion which caused death.)	ose,	CONSEQUENCE OF		
		CEDENT CAUSES				
		ONDITIONS, il any, gi	(B)	CONSEQUENCE OF:	*****************	
	rise to the about	ve cause (A) stating	ine	CONSEQUENCE OF:		
1		11	(C)	*****************************		
ATION	OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG NAL			
	19A. DATE OF OPER	ION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 to yes ween	In the Co. Co. and the Co.
ERTIFI	0	WAS PERFORMED		No	IN CERTIFYING CAL	INDINGS CONSIDERED ISES OF DEATH?
CALC	21A. A CCIDENT WA OR CONTRIBUTING DEATH Inolify medic	S UNDERLYING CAUSE OF collections	21B. PLACE OF INJURY (e.g., in home, larm, loctory, street, officetc.)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
000	21 D. TIME IMON	th) (Day) (Year) 1Hour	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
2	(APPROX)		While At Not While At Work			
-	22. I certify that (1) (this hospital) attend	ed the deceased fram	3 (1 ()	969 to 2	1969
	that (I) (we) lost :	sow the deceased alive	on 3:12	19.69 and the	t In(my) (aur) apin	lan death occurred on the date
	and hour and from	the couses stated abov	e. (i) (We) (did) (did not) vie			and the dollar
	23A. SIGNATURE	1				23B, DATE SIGNED
	4	ruemder	Attend Phys.	ling Med. S	Shoff A	3/12/69.
	23C. PHYSICIAN'S NAME (Type)	(23	D. ADDRESS		150 D A
		SURIMDER	DEGREE	Franklin Squ	wall Hospi	la ballinore
24/	REMOVAL (Specify)		NAME of CEMETERY OF CREM	ATORY 24D. LO	CATION ICity	, town, or county) (State)
	Burial	3/15/69 M	t. Carmel Cemeter	CV	Bal	timore, Md.
25/	A DATE REC'D BY HE	ALTH DEPT. 25B. NAA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	7922 Wise *	ADDRESS
1	150-BEV 1/1/4B	1000 (1/2/1/2)	TO THE MARKET !	7.63	I YAL MISS	

218094178 F

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIF	RTH NO.		MILD	ICAL	. L	MAIII AEK 5 C	LKIIII	CAILOI	DLAII	REG. NO.			_
1.	NAME OF DEC						2. DATE	Knawn X	Manth	Doy	Yeor	Haur	
(1yı	pe or Print)	H	ERBERT	HAR	RELI	-	OF DEATH	Estimated 🗆	March	8, 196	69	11:30	PM.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, V	HERE P	ONO	UNCED DEAD	3. DATE	INICED DEAD	Manth	Day	Yeor	Hour	
HO	LL NAME OF SPITAL INSTITUTION	(IF NO	SS OR LOCA	LORINS TION)	TITUTIC	ON, GIVE STREET		JNCED DEAD		8, 19		11:30	
-	21	Baltim	ore Ci	ty Ho	ospi	ital	A. STATE	Maryland	В	Balte	5	53-0	0
6.	SEX	7. RACE		8. MARE	IED [NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		
	Male	Whit		WIDOV	VED [DIVORCED 2		Bradshaw		Υ	ES 🗌	NO 🗌	
	ct.28. 1		10. AGE (In lost birthda 43	years y)	If Un Month	der 1 Yr. If Under 24 Hrs. ns Doys Hours Min.		and number Village Ti	cuck Cor	irt Rte	= .#40		
	BIRTHPLACE (S	tote or foreig	n cauntry)			TIZEN OF THAT COUNTRY?	13. FATHER	'S NAME			2011 10		
	Mary land	PATION (Give	kind of work	LAR VINI	OFF	U.S.A. USINESS OR INDUSTRY		ert Harre					
dan	e during most of w	arking life, eve	en if retired)										
_	WAS DECEASE		I S ADMER			g Company	Lena	Viela Do	mer	Λ	DDRESS		
(Ye	s, na or unknown)	(If yes, give w	ar ar dates	af service)	SECURITY NO.		Paul Gain	_1015 W			tine bun	- 1,137
-	19.	T 7 7 7 -	1930			219-20-2865 CAUSE OF DEAT		THE CHAIN	-1015 11	. 14		PPROXIMATE INTER	
	E81	5,0				CAUSE OF DEA	"		1		BET	WEEN ONSET AND	DEATH
		E OR COND		CTLY			V U	4-11-	1				
		teading to of mean the		ing e.g.		(A)IMMEDIATE C	AUSE MU	ltiple bl	unt inj	uries			
	heart foilure	, asthenio, etc.	It means the	disease,		DUE TO, OR A	S A CONSEQ	UENCE OF:	1	100			
	inforty of con	ipiicanon wine	iii caosea ae	ant.)					11				
		NIECEDENT				(B)							
	RISE TO THE	OR CONDITION OF ABOVE CAL	DNS, IF ANY JSE (A) STA	, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:			43.15		
z	UNDERLYIN	G CONDITI	ON LAST.			(c)							
은			II			A == + = == *	1			on dia	0000		
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL	and	acute	tic cardi ethylism	ovascui	ar urs	ease		
RTI						WHICH OPERATION WA	S PERFORM	NED			21. AUT	OPSY? (Yes ar h	۷٥)
S	1										170	Yes	
AL	22A EXTER	NAL CAUSE	WAS	_	22B. P	LACE OF INJURY(e.g.,	in ar about 2	22C. WHERE DID	(If jn Baltimore	City, give ex	act location)		
MEDIC	UNDERLYING				ham e	lace OF INJURY(e.g., form, factory, street, affice street	bldg., etc.)	NJURY OCCUR? Rte.151 a				Ro, and	2 ,
ME	UTING CA		Oy) (Yea	(Hau	r) 122	E.INJURY OCCURRED	5 1 2	2F. HOW DID IN			. Nu .	2	2-0
	OF INJURY (APPROX.)	. , ,			' 1	4-	Manie				3 4-	1 1	
	23.	3-8-69	9 10:2	9 P.	m. W	ORK NOT	ORK X I	river in	auto-ri	xed ob	ject d	COLLISIO	<u>n</u>
		ify that I he	eld on I	nauiry [Inspection Au	topsy X	ond that on t	his basis, d	leoth in my	oninlan		
						Cident Suicid			Undetermine				
	resum	ted from: N		303	A	Eldent LA Soleid		CHIEF MEDICAL					
	ACTUAL	(1/	/)		(1		STANT MEDICAL		The same of the sa		DATE SIGNE	D
	SIGNATI	URE	anc		_	Jan M.D				-			
	EXAMIN NAME (1	ype)		S. Sp		gate, M.D.		OCIATE MEDICAL		☐ Ma	rch 9,	, 1969	
	A. BURIAL CREAMOVAL (Special		4B. DATE		240	C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, taw	vn, or caunty	(Stote)	
	urial		Mar.14	.1969	F	Rosedale Ceme	tery	M	artinsb	urg.Be	rkelev	.W.Va	
-	A. DATE REC'D		DEPT.			OF REGISTRAR	25C.	FUNGRAL DIRECT	OR J	a	ADDRESS		
		IAR 14	1969	المال	UJ.	2. Cullage	Br	Hawa own Funer	al Home	-Martin	nsburg	, W. Va.	
VS	151-REV. 1/1/68	NI X	400	1 1	1	0 0 0	0 0	47) A 47	3				

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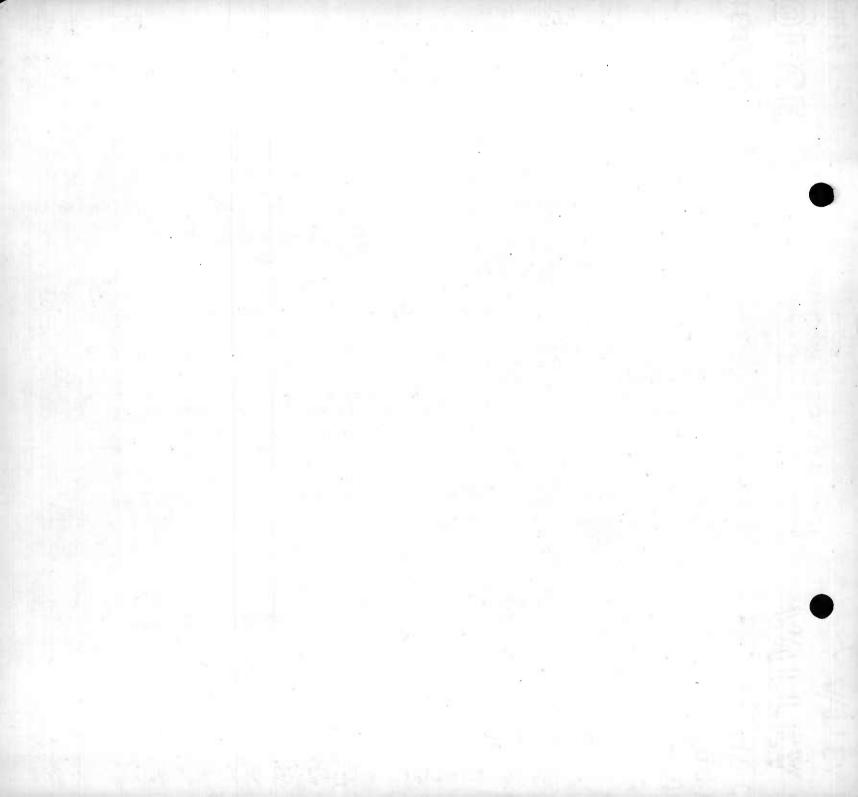
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		60	1 3/11/2	10						
BIRT	TH NO.	03	611	CERTIFICA	TE OF D	EATH	REG. NO) <u>eq</u>	277	3
1. N	AME OF DEC	ASED				2. DATE AN	D HOUR OF DE	ATH	~ 11	0
Пур	e or Print)	NICK 1:	JADDC	1		3	11/69		1 4.	15 A
3. F	PLACE IN BAL	MORE MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESI	DENCE When	e deceased lived	. If institut	tion: residence	before admiss
FILI	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					B. COUN	2 1/ -		1.7	
HO	SPITAL OR	ADDRESS OR LOC	ATIONI	UTION, GIVE STREET	LC. CITY OR TOY	/N 2	53/10 ·	INSIDE C	CITY LIMITS?	10
1	1	. 1	1817	1 0	SPORTO		PT P.		r=0	10
7	y MG	cyland G	on. L	to spitel	E. STREET AND	NUMBER	11.	123	3 1X71 1,	40 L
/	U			,	903	K 3	←.			
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	н	9. AGE (In years	1.0	Under 1 Ye	II Under 24
	M	C	WIDOWED		9/20	100	lost birthday		Under 1 Yr.	Hours Mi
IOA.	USUAL OCCU	PATION (Give kind of wor		F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or love	an country)		CITIZEN OF	WHAT COUL
done	during most of w	rorking life, even if retired)		11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1				'-		
- 1 3	etired		<u></u>			RGIA			NS	· A.
130 }	FATHER'S NAM				14. MOTHER'S		ΛE			
l,	LO	DIS WA	LDDA		Tast	ENCE	BROZ	KS		
15. V (Yes.	Nos Deceased	Ever in U.S. Armed Fer (If yes, give war or dole	ces?	1 6. SOCIAL	17. INFORMANT		11-3-		ADDRES	S
	NO.	". Yest Stre wet of Gold	or service!	SECURITY NO. 216 10 519	W Kill	DRED	1.10.000	A ::	0	A 1 15
7	18.	11/1		CAUSE OF DEAT		1100	MADAC	f		MATE INTERV
- 1		r 107 •		WADDE OF DEAT						IMAIR INTERV
	4-81	OR CONDITION DE	DECTIV	1997.0						
	DISEAS	OR CONDITION DI	RECTLY	7571	ICEMIA					
	DISEAS	EADING TO DEATH	dying, e.g.,	(A) IMMEDIATE CAL	I CEMIA		******************			
	DISEAS (This does no heart failure, o	EADING TO DEATH	dying, e.g., the disease,	(A) IMMEDIATE CAL	ICEMIA					
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	DISEASS (This does no heart failure, a injury or company of the DISEASES Of the lates of the desired of the des	LEADING TO DEATH I meen the mode of sthenio, etc. It means dication which caused NTECEDENT CAUSES R CONDITIONS, if	dying, e.g., the disease, death.)	(A) IMMEDIATE CAU DUE TO, OR AS	ETMON! JOEMIO	OF:				
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RTIFICATION	DISEASI (This does no heart failure, of injury of comparing the comparin	LEADING TO DEATH I meen the mode of shenio, etc. It means vication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. II CANTONDITIONS CO. BUT NOT RELATED TO TO INDITION GIVEN IN PAR OPERATION 198. CONWAS PERI	dying, e.g., the disease, death.) any, giving stoling the MIRIBUTING HE TERMINAL IT (A). DITION FOR MED	(A) IMMEDIATE CALL DUE TO, OR AS (B) DUE TO, OR AS (C)	SE A CONSEQUENCE SUMON I A CONSEQUENCE UD 20 A. AUTOPS	OF: E OF: 12 (Yes or No)	IN CERTIFYING	CAUSES	NGS CONSID OF DEATH?	ONSET AND D
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MEDICAL CERTIFICATION	DISEASI (This does no heart failure, of injury or compared to the UNDERLYING OTHER SIGNIFIED TO THE DEATH DISEASE OR CO. 1994. DATE OF INJURY (APPROX.) 22. I certify that (i) (we) I that (i) (we) I	EADING TO DEATH I meen the mode of sthenic, etc. It means to strength of the mode of sthenic, etc. It means to strength of the mode of sthenic, etc. It means to strength of the mode The mode of the	dying, e.g., the disease, death.) any, giving stoling the NTRIBUTING HE TERMINAL TO (A). OTHER TO (Hour) (Hour) attended to dive on	(A) IMMEDIATE CAL DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in the foctory, sheet, all works the deceased from the decea	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE 20A-AUTOPS 21F. HC 21F. HC 3 44 19 64 19 64 Iew the body of	OF: E OF: (? (Yes or No) OCCUR? OCCUR?	IN CERTIFYING (If In Boli	causes	INGS CONSID OF DEATH?	ERED cotion)
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MEDICAL CERTIFICATION	DISEASI (This does not heart failure, or injury or complete injury or contribution of injury (APPROX.) 21A. ACCIDEN OR CONTRIBUTION OR CONTRIBUTION OF INJURY (APPROX.) 22C. I certify the cond hour and cond injury (APPROX.)	LEADING TO DEATH I meen the mode of shenic, etc. II means shication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. II CANTCONDITIONS CO. I BUT NOT RELATED TO TO	dying, e.g., the disease, death.) any, giving stoling the NTRIBUTING HE TERMINAL TI (A). DITION FOR YOUR CHOOSE (Hour 21E, White World of the dollve on the	(A) IMMEDIATE CAL DUE TO, OR AS (B) DUE TO, OR AS (C) AS WHICH OPERATION PLACE OF INJURY (e.g., in e.g., form, foctory, sheet, distributed by the deceased from the deceas	A CONSEQUENCE A CONSEQUENCE 20A. AUTOPS: 21F. HC 21F. HC 21F. HC 21F. HC 21F. HC	OF: E OF: (3 (Yes or No) OCCUR? OW DID INJU ond that ter deoth.	IN CERTIFYING (If In Boli URY OCCUR? 9 (£ to	opinion	DATE SIGNED	ERED cotion)
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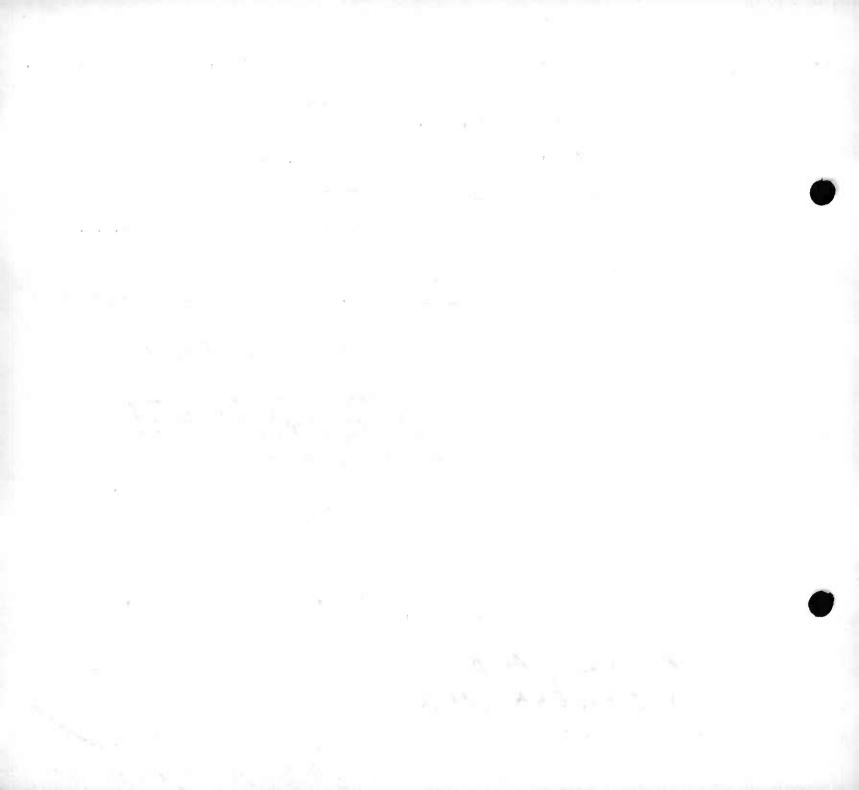
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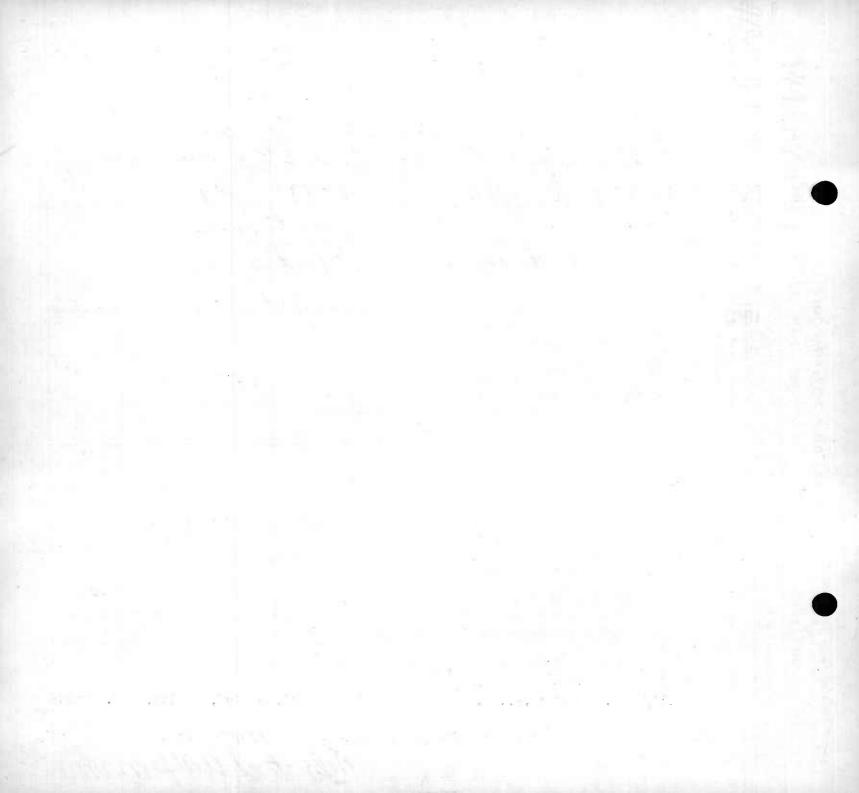
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Check warrant HCA TOTALORS Here) super a marine Barm It was strong 31169

		Y HEALTH DEPARTMENT
		ATE OF DEATH REG. NO. 89 2777
	INAME OF DECEASED Type or Print) Omie French	2. DATE AND HOUR OF DEATH March 12, 1969 1 3:10 a.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Provident Hospital, Inc.	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
	39 1514 Division Street	Baltimore YES X NO C
	Baltimore, Maryland 21217	2905 Mt. Holly Street
5	SEX 6- RACE 7- MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., 11 Under 24 Hrs
L	Female Negro WIDOWED DIVORCED	1 7-27-1034 74 1
ا	OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY one during party of working life, even if retired)	
L	Hurse	Virginia U.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	Charles Trunty	Un France
0	5. Wos Deceased Ever In U. S. Armed Forces? (es, no or unknown) (Iff yes, give war or doles of service) 16. SOCIAV SECURITY NO.	17. INFORMANT ADDRESS
	223-36-8956	Mrs. Mildred Campbell- Daughter SAME
Γ	18. CAUSE OF DEATH	And the Market of the Land of the
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAU DUE TO OR AS	JSE Cardio-respiratory Failure
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	Dan C
	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS	hoghue accuona Xung
	rise to the above cause (A) stating the	a consequence of:
	UNDERLYING CONDITION last. (c) Hove	elized Partirosclerous
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	uary Edower
EBTIEL ATTON	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
MEDICAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID (If in Beltimere City, give exect location) fice bidg., INJURY OCCUR?
AED	OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While Work At Work	
	The second secon	arch 11, 19 69 to March 12, 19 69
	that (1) (we) last sow the deceased alive on March 12,	1969 ond that In(my) (our) opinion death occurred on the dat
	and hour and from the causes stated above. (1) (We) (did) (did not) vi	iew the body after death.
	23A. SIGNATURE	23& DATE SIGNED
		nding X Med. Stoff Director Phys. 3-12-69
	PHYSICIAN'S NAME (Type) A T RIVERA M. D	23D. ADDRESS
24	A BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREE	MATORY 24D. LACATION (City, town, or county) (Stote)
	Remark 3-12-69 On R. KIN	Sul Room and in + 1/100.
2	SA. DATE RECD BY HEALTH DEPT. 258, NAME OF REGISTRAR	250 FUNERAL DIRECTOR ADDRESS ADDRESS
	Will 1 1000	White at Shellede 172777 Menso
- V:	3 150-REV. 1/1/68	a constitution of 110 1111 to water



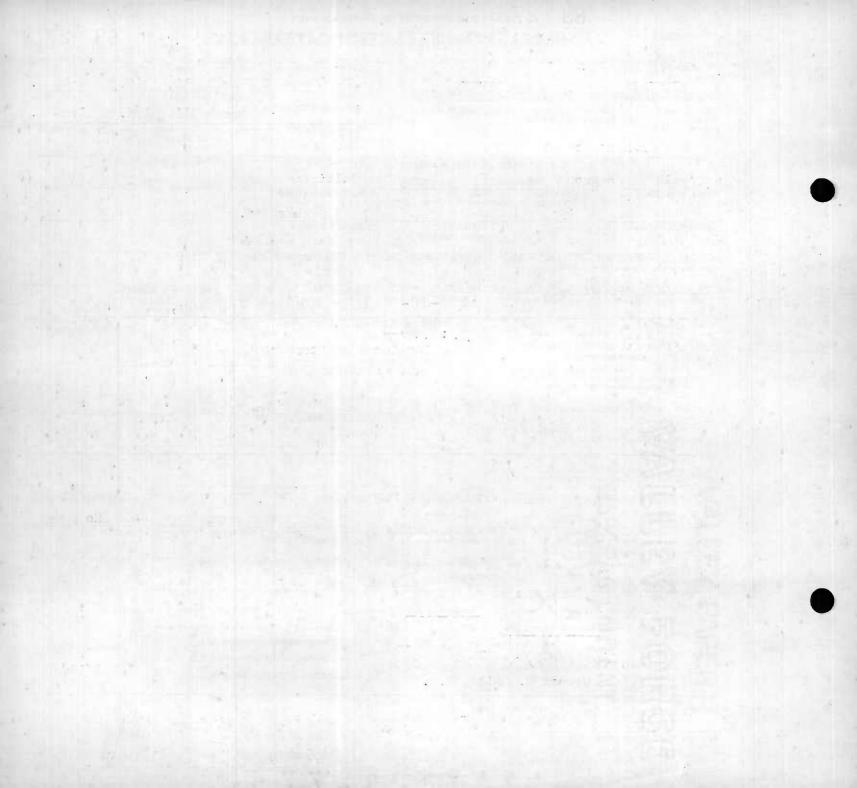


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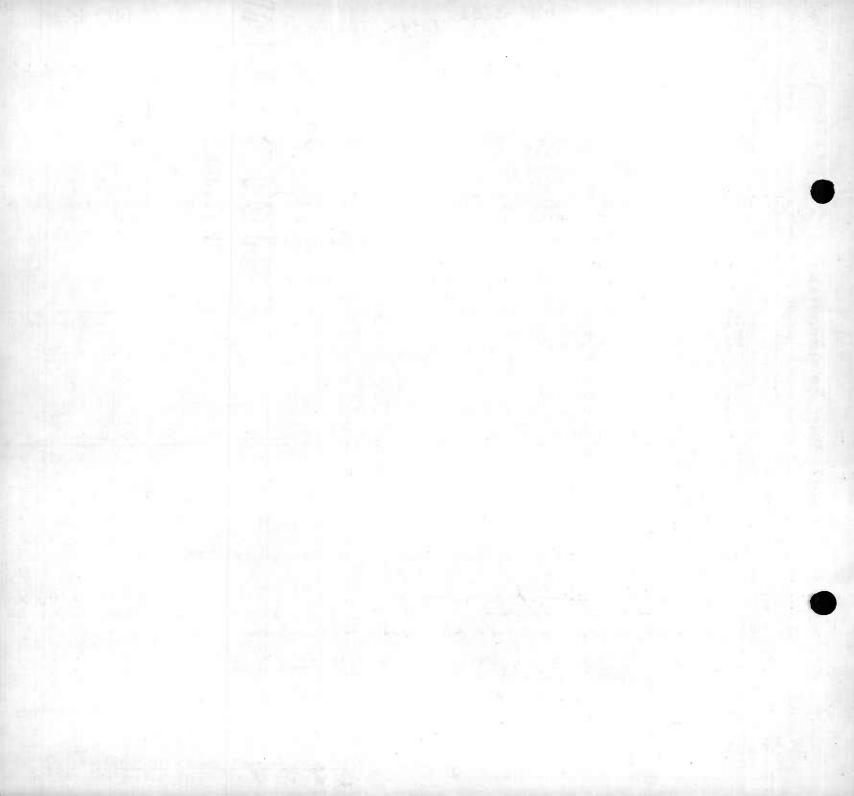
69 2779 BALTIMORE CITY HEALTH DEPARTMENT

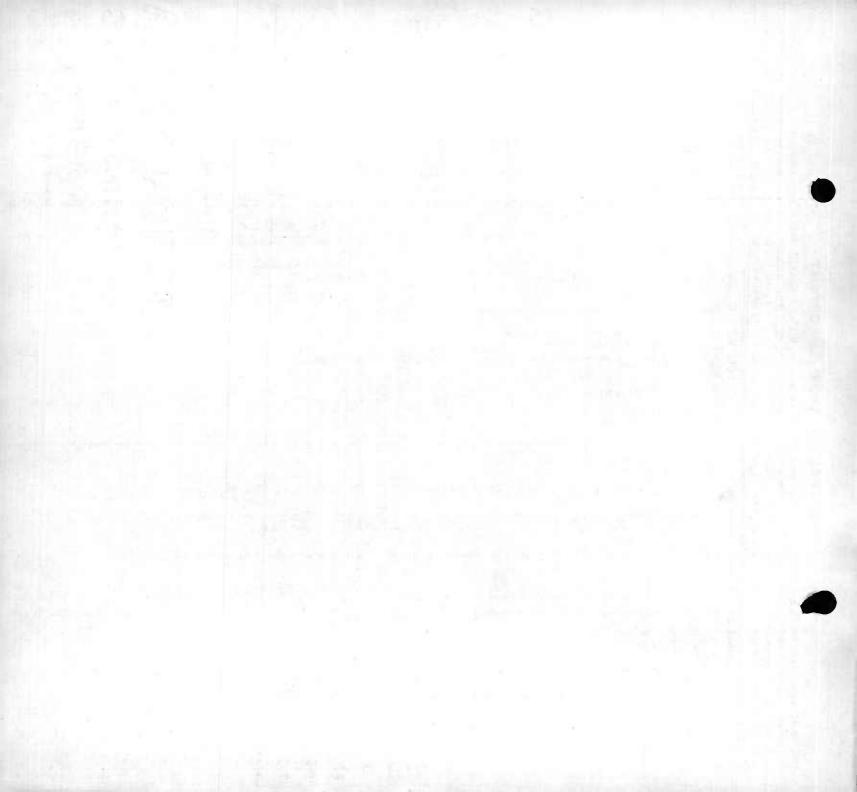
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH ,
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DID	TH NO.		MED	DICA	L EX	CAMINER'S	CERTIF	CATE OF	DEATI	H REG. NO	D	69	2779
1. f (Typ	NAME OF DEC	IIA	Ţ		BIV		2. DATE OF DEATH	Known Estimated	Month March	Day 11,	196	59	4:30 A .M.
FUL HO	PLACE IN BAL L NAME OF SPITAL INSTITUTION					ON, GIVE STREET		UNCED DEAD	Month March	Day 11,	1969	9	7:00 A.M.
		chard	Street				A. STATE Mar			B. COUNTY		1	1-01
6. 5	EX	7. RACE		8. MAR	RIED [NEVER MARRIED	C. CITY O			D. INSIDE		ITS?	
_	emale	neg	ro		WED L	DIVORCED Lder 1 Yr. If Under 24 Hrs.		AND NUMBER			YES X	NC	
7. [AIE OF BIKI	"	lost birthd			ns, Days Hours Min.		Orchard S	t.				
11.	BIRTHPL ACE (State or forei				ITIZEN OF HAT COUNTRY?	13. FATHER		son				
14A don	during most of	JPATION (Gir working life, e	en if retired)	14B. KIN	D OF E	BUSINESS OR INDUSTR		er's maiden na rie	ME			10	
16. (Ye:	WAS DECEAS	ED EVER IN	U.S. ARME	D FORCE	S? e)	17. SOCIAL 25ECURITY NO. 14	18. INFOR		Tohn	50m	ADDRES		375
						CAUSE OF DEA	1	Robert	onn		ott	Box.	T/5 NHMATE INTERVAL ONSET AND DEATH
CERTIFICATION	DISEASES RISE TO TH UNDERLY!	MITECEDENI OR CONDII E A80VE CA NG CONDII NIFICANT CO ATH BUT NO R CONDITION	CAUSES IONS, IF AN USE (A) STATION LAST. II NDITIONS (TRELATED TO	ATING THE	JTING MINAL	(B)	AS A CONS	EQUENCE OF:					
CERT	20A. DATE O	F OPERATIO	N 20B. CC	OITION	N FOR	WHICH OPERATION W	AS PERFOR	MED			21.	AUTOPS No	Y? (Yes or No)
EDICAL	22A. EXTER UNDERLYING UTING C		ITRIB-		22B. P home	PLACE OF INJURY(e.g., form, foctory, street, offi	, in or obout ce bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(If in Soltimor	re City, give	exoct loco	ition)	
Σ	22D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye	or) (Ho	W		T WHILE	22F. HOW DID IN	NJURY OCCI	JR?			
	ACTUA SIGNA EXAMIN	TURE VILLE	Katural co	M	5		D. AS	and that an domicide CHIEF MEDICAL SISTANT MEDICAL OCIATE MEDICAL	Undetermi EXAMINER EXAMINER			D	ATE SIGNED
24 RE	A. BURIAL CRE	MATION,	24B. DATE 3/15		·	c. NAME of CEMETERY Mt Aubur		metry 240	. LOCATION	(c _{ity, t}	own, or o	(ytnuo	(State)
25	A. DATE REC'I	BY HEALTH			NAME	OF REGISTRAR	25C	FUNERAL DIREC	TOR		ADDRE		
		0.5		A	2 7	7 17	A	dolphus	Hals	tead	1200	5 W	North



To a factional and a sec Bearing to La make he had to and the special of the source and the

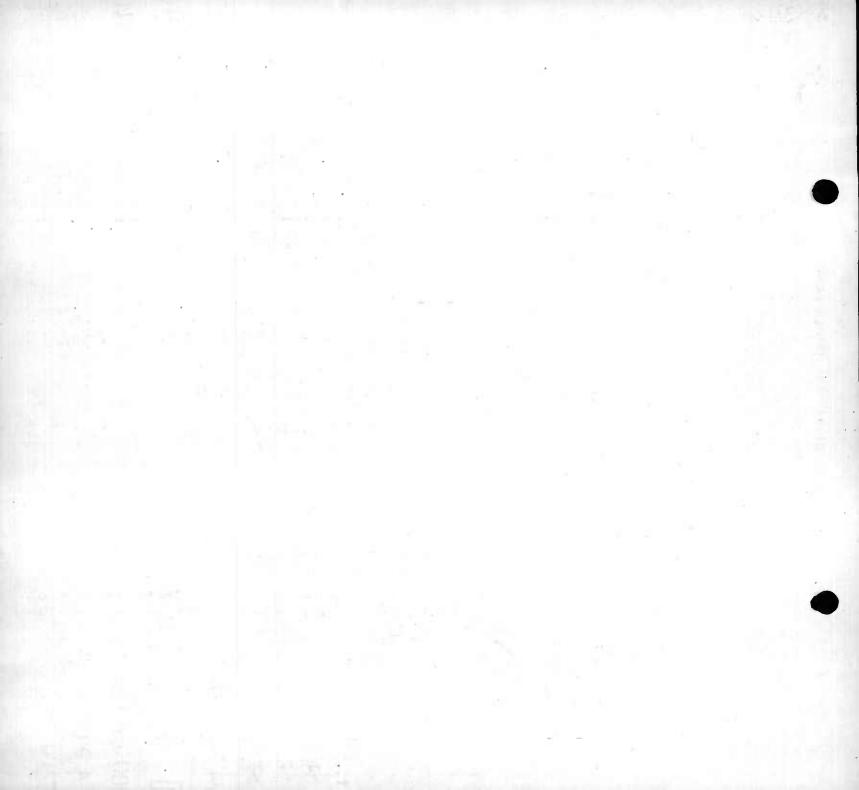




.6/1	69 2783 BALTIMORE CITY HEALTH DEPARTMENT CEDTIFICATE OF DEATH REG. NO. 69	
and sed the the	BIRTH NO.	2783 -
0 0 C N	1. NAME OF DECEASED (Type of Print) 2. DATE AND HOUR OF DEATH 3. PLACE IN BALTIMORE MARYLAND, WHEE PRONOUNCED DEAD.	05
200 0 5	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceased lived, Il institutions of the state of the st	residence belore odmission)
se; se;	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OF TOWN D. INSIDE CITY L	2 - 0 l
d in a cau	The Johns Hopkins Hospital So S Washing Town S	No 📗
occurre ontribut ermined regular eased priss made	* MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under New Married	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
th occur contribution in regular eccased	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OF INDUSTRY 11 PIOTURE ATE CLUB ATE CL	ZEN OF WHAT COUNTRY?
deat Und as in	13. FATHER'S NAME	USA
F = 5. 3 + oqs	13. FATHER'S NAME	
ssistant the dir the dir kind; death ince on final di	(Yes, no or unknown) Uf yes, give wor or dates of service) 16- SOCIAL SECURITY NO.	ADDRESS
: IMPO prorhis a r. Also, if ure of any concunced r attenda	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean like mode of dying, e.g., heart failure, asthenia, elc. It means the disease. (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DOTYS -> CHICA MONTHS
examin examin examin () A fra who	Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the above cause IA) stating the UNDERLYING CONDITION tast. (B)	2 months
ef medic medic y burn p physician we	U DISEASE OK CONDITION GIVEN IN PART 1 (A).	CONCIDER
=======================================	OR CONTRIBUTIONS CALLET OF THE SOLITON OF THE SOLIT	IEO
ved by hospinature well (6) rept well (6) reprined	01	
o the any	22. I certify that (1) (this haspital) attended the deceased from	h accurred on the date
icate must be a was released to An accident of L at a hospital prior to death)	Howard County of Med. Director Phys.	8/4/68
certif 50dy 75: (1) D.O.1 assed	2/14/69 JOHNS HORKINS MEDICA	r county) (Stole) L SCIOOL
This the I show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNE A CONTROL OF SERVICE VS 1.50-REV. 1/1/68	-^BCHD



	69	DITIOA	ORE CITY HEALTH I			69	2784
BIRTH NO.	00	CERT	IFICATE OF	DEATH	REG. NO		7.01
NAME OF DECI	EASED			2. DATE AND	HOUR OF DEATH	1	
Type or Print)	m homes W	Whitler (Ple	(tylogue	Man 1	0, 1969		
3. PLACE IN BAL		HERE PRONOUNCED DEAD	4. USUAL	RESIDENCE (Where d	eceosed lived. If i	institution; resid	ence before odmission
			A, STATE	B. COUNTY		1	11
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE ST ATION)	REET Mary		timore D. IN:	SIDE CITY LIMIT	TS?
31				imore AND NUMBER		YES X	NO 🗌
Baltime	ore City Ho	spital	14 S	. Curley	St.		
SEX	6. RACE	7. MARRIED X NEVER MAR		lost	AGE (In years birthday)	If Under 1 Months: Do	Yr. If Under 24 Hr
Male	White	WIDOWED DIVO	RCED Feb. 1	5,1895	74		
		108. KIND OF BUSINESS OR	INDUSTRY 11. BERTHP	LA CE (State or foreign	country)	12. CITIZEN	OF WHAT COUNT
Retired	working life, even if retired)		Mary	land		U.	S.A.
FATHER'S NAM	MF			ER'S MAIDEN NAME			
	Plewacki			akxeda Ko	walewsk:		
es, no or unknown)	Ever in U. S. Armed For	ces? 1 6. SOCIAL SECURITY I	17. INFORA	AANT		A	DDRESS
No		216-01-		na Whitle	111. 9	Cural	C+
118. / / /	1 0		OF DEATH	HO WILLDIG	14 0.		APPROXIMATE INTERVAL
DISEAS	SE OR CONDITION DI	DECTI V	2000	1 0 10	1	~ BET	WEEN ONSET AND DEA
	LEADING TO DEATH		Vingoca	acar no	farcha	2	12tr.
	not mean the made of	dying, e.g., DIJE	TO, OR AS CONSEQU	ENCE OF:			
	osthenio, etc. It meons polication which caused		,				2
	ANTECEDENT CAUSES		itoria 30	location c	·VD		•
	OR CONDITIONS, if	(B)	TO, OR AS A CONSEQ	- w car			
	e obove couse (A)	33	A A AD . A A A	. (//			6-8 month
UNDERLYING	G CONDITION last.	(c)	o conary	msup			6 47.007.4
	11		0	11			
	ICANT CONDITIONS CO						
	H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	RT 1 (A).	•••••				
19A. DATE OF	OPERATION 198. CON	IDITION FOR WHICH OPERAT	ION 20A. AL	JTOPSY? (Yes or No) 2	OB. IF YES, WERE	FINDINGS CO	ON SIDERED ATH?
19A. DATE OF							
OR CONTRIBUTED DEATH (notify	NT WAS UNDERLYING DITING CAUSE OF medical examiner	21B. PLACE OF INJ home, farm, factory, etc.)	URY (e.g., in or obout 2, street, office bldg.,	IC. WHERE DID	(If in Boltime	ore City, give e	xoct location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCL	JRRED 2	F. HOW DID INJUR	OCCUR?		
S OF INJORE	,	While At	Not While				
(APPROX.)		Work \square	At Work				
22. I certify	that (1) (this haspita	l) attended the deceased f	rom.	une 19	54 10 M	ras 1	0 19 69
that (I) (we)	lost sow the deceose	ed olive on Ma	1 10 19	69 ond that	in (my) (our) op	inion deoth	occurred on the de
1		techabove. (1) (We) (did) (•			
23A. SIGNATU		and appear (1) (we) (did) (To liet view the Bo	dy differ deoin.		23B, DATE	IGNED.
2371 3101171	/ DX 0/-	sh and	Attending .	- Med. □ Sto	ff \square	230, 0412	1/2/10
-	0 10		EGREE Phys.	Director L Phy		.5	1.767
23 C. PHYSICIA NAME (T)	N'S ype)	6	23D. ADDRE	iss o a	1-01	-01	tu/
R	URTON VIL	OCK	293	16 2 10	100 80	(Sall	6 1461 2-127
REMOVAL (S	MATION, 248. DATE	24C. NAME of CEMET	ERY of CREMATORY	24D. LOC	ATION (C	City, town, or o	ounty) (State)
Burial	3-13-	69 Oak Lawn	Cemetery	Balt	imore.	Md.	
	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FL	INERAL DIRECTOR			ADDRESS
· ART	(A 4 1959 ()	L. S. Entralem	В.	Dabrowski	2818 E	. Balt	imore St.
'S 150-REV. 1/1/6	68	mark of my constraint	9-9-9-	111	- 40		amore Du.



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VS 150-REV. 1/1/68

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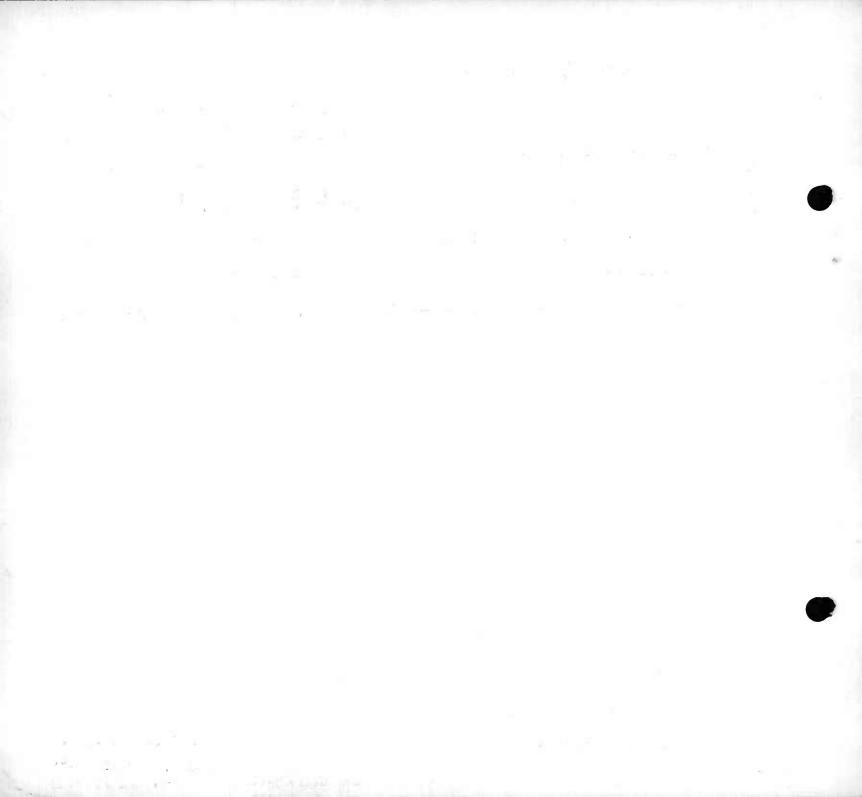
VS 151-REV. 1/1/6B

69 2787 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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	M			AMINER'S			DEATH	REG. N	69	2787	7
NAME OF DEC			NOLE		2. DATE	Known X	Month	Doy	Yeor		
Type or Print)	WITT	THU OF	TAOPE	5	OF DEATH	Estimoted 🔲	March	12,	1969	8:40	P.M.
. PLACE IN BAL	TIMORE, MARYLANI	, WHERE P	RONOU	NCED DEAD	3. DATE	ALCED DEAD	Month	Doy	Yeor		
OR INSTITUTION	(IF NOT IN HO		MOITUTIT	I, GIVE STREET		SIDENCE (Where	March			8:40	
45 Go	od Samarit	an Hosp	ital		A. STATE	Maryland	В.	COUNT	Y /3	3-48	
. SEX	7. RACE	B. MARI	RIED 🗌	NEVER MARRIED	C. CITY OR	TOWN		. INSIDE	CITY LIMITS	?	
Male	White	WIDO	VED K	DIVORCED [Baltimore			YES X	NO 🗌	
DATE OF BIRT		E (In years		er 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER		7 1 7			
Sept 4,	1892	76	Months	Doys Hours Min.		1225 Union	Avenu	P			
	itote or foreign countr		12. CIT	IZEN OF	13. FATHER		1 1110114			37	
	ryland	III 40 MINU	U	SINESS OR INDUSTR		nknown					
	vorking life, even if reti) OF BU	SIINESS OK IINDUSIK	TIS. MOTHER	S MAIDEN NAM	1E				
Watchman				Rug Cleane		nknown				7 5 5 6	
6. WAS DECEAS Yes, no or unknown	ED EVER IN U.S. AR	MED FORCE of service	5?	7. SOCIAL SECURITY NO.	1B. INFORM		- 1		ADDRESS		
No			2	15-10-4684	H. Mar	e Canoles	- 1025	West			
19.	471			CAUSE OF DEA	TH					APPROXIMATE INT	
DISEAS	E OR CONDITION	IDECTIV									
	LEADING TO DEATH			/ANIMAMEDIATE /	CALISE Gra	m negative	sensi	S			
	of mean the mode o				AS A CONSEQ		. ocpor	<u></u>			
	, osthenio, etc. It meon aplication which couse										
	NTECEDENT CAUSES OR CONDITIONS, IF			(B)	AS A CONSEC	UENCE OF:					
RISE TO TH	E ABOVE CAUSE (A)	STATING THE		502.10, 511	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	NG CONDITION LA	51.		(c)							
<u> </u>	11										
TO THE DE.	IFICANT CONDITION ATH BUT NOT RELATED CONDITION GIVEN	TO THE TERM	AINAL	Mult	iple bl	unt injuri	Les	**********			.======
20A. DATE O	OPERATION 20B.	CONDITION	FOR W	HICH OPERATION W	AS PERFORM	ED			21. AU1	TOPSY? (Yes or	No)
100			1							Yes	
	NAL CAUSE WAS		home, f	ACE OF INJURY(e.g., orm, foctory, street, office	in or obout 2 ce bldg., etc.) [[VIURY OCCUR?	if in Boltimore	City, give	exoct locotion	13-0	6
	USE OF DEATH.			street		alls Road			at int	ersection	on
OF INJURY	(Month) (Doy)	(Yeor) (Hou	r) 22E	INJURY OCCURRED	2	2F. HOW DID INJ	URY OCCUR	?			
(APPROX.)	2-1-69	5:30 A.	m. WH		WHILE X	Pedestria	n stru	ck by	auto		
23.		3.00			TO KIK LALL	2000012	iii bera	ole by	aaco		
I cert	ify that I held on	Inquiry		nspection AL	topsy X	and that an th	is basis, d	eath in	my apinlan		
resul	ted fram: Natural	couses	Acc	ident X Suici	de Ho	micide U	Jnde termine	d mann	er 🗌		
	10	0				CHIEF MEDICAL E	XAMINER [
ACTUAL	(les	11			ASSI	STANT MEDICAL E		,		DATE SIGN	IED
SIGNAT		~,	3	7.M.I	J.		_	A)			
NAME (Type) Char.			ngate, M.D.		CIATE MEDICAL E				3, 1969	
24A. BURIAL CRE REMOVAL (Speci		TE	24C.	NAME of CEMETERY	ar CREMATO	24D. I	LOCATION	(City,	town, or coun	ty) (Stote	e)
Burial		h15,19	69	St. Marys Co	emeterv	(Hamnden)	Pol-	iman	0 242		
	BY HEALTH DEPT.			F REGISTRAR	250	UNERAL DIRECTO	R	THOP	ADDRESS		
A A	Milk A & 1500	3 (1)	11:2	. Salana	0	trank U	doch	-			

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VS 15I-REV. 1/I/6B

69 2789 BALTIMORE CITY HEALTH DEPARTMENT

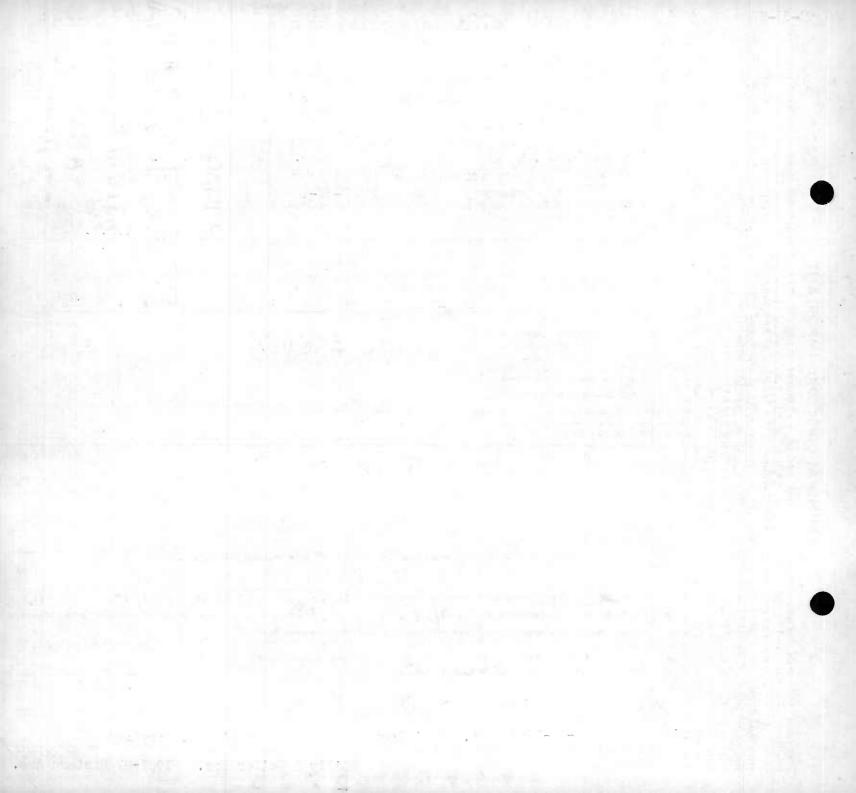
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	ME	DICAL	EXAMINER'S	CERTIFICAT	E OF DEA	ATH REG. N	10	~
BIRTH NO.						KEG. N	10	
1. NAME OF DE		RD STET	ΓER	OF.	wn 🕅 Mont	arch 13,	1969	Hour
4. PLACE IN BA	LTIMORE, MARYLAND	WHERE PRO	NOUNCED DEAD	3. DATE	Mont	h Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSI ADDRESS OR LO	PRONOUNCED	Ma	arch 13,		1:05 A		
	T 1 TT 1 1	77	1 (DOA)	5. USUAL RESIDEN	CE (Where deceos	B. COUNT	v	
	John Hopkins	Hospita	al (DOA)	Mary	land	53	BAI	LTIMORE
6. SEX	7. RACE	B. MARRIE	NEVER MARRIED	C. CITY OR TOWN		D. INSIDI	E CITY LIMITS?	,
Male	White	WIDOWE	DIVORCED	Rose	dale		YES	NO 🖾
9. DATE OF BIRT		(In years If	Under I Yr. If Under 24 Hrs. onths Doys Hours Min.	E. STREET AND NO	JMBER			
Oct. 3,	1900 lost birth	68	onths Doys Hours Min.	1507	Neighbor	s Avenue	9	
11. BIRTHPLACE	(State or foreign country		. CITIZEN OF	13. FATHER'S NAM				
Maryl	and		WHAT COUNTRY?	Willia	am E. Ste	tter		
			F BUSINESS OR INDUSTR	15. MOTHER'S MAI	DEN NAME			
Superv	working life, even if retire ゴミヘア		efinery	Mangare	t Wissner			
16. WAS DECEAS	SED EVER IN U.S. ARM	ED FORCES?	17. SOCIAL	18. INFORMANT	OHIDDRICE		ADDRESS	
(Yes, no or unknown	n) (If yes, give wor or dot	es of service)	SECURITY NO. 214-01-4522	A Paul A.	Stetter,	227 Eli	nor Ave	21236
19. / /			CAUSE OF DEA		, ,	POP 1 32 March		APPROXIMATE INTERVA
41	4-1				. 1	los dias.		WEEN ONSET AND DE
DISEAS	SE OR CONDITION DI	RECTLY	Arteriosc	lerotic car	diovascui	tar disea	ase	
(7)	LEADING TO DEATH		(A)IMMEDIATE					
heort foilure	not meon the mode of e, osthenio, etc. It meons	the diseose,	DUE TO, OR	AS A CONSEQUENCE	OF:			
Injury or co	mplication which coused	deoth.)						
A	NTECEDENT CAUSES		/p)					
	OR CONDITIONS, IF A	NY, GIVING	DUE TO, OR	AS A CONSEQUENCE	OF:	********		
RISE TO TH	IE ABOVE CAUSE (A) S	TATING THE						
Z TITLE	NO CONDINON IAC		(C)					
OTHER SIGN	II	CONTRIBUTION						
TO THE DE	NIFICANT CONDITIONS ATH BUT NOT RELATED	TO THE TERMIN	AL					
DISEASE O	R CONDITION GIVEN IN						To: 4117	/V
OTHER SIGI TO THE DE DISEASE O	of OPERATION 208. C	ONDITION FO	OR WHICH OPERATION W	AS PERFORMED			21. AUI	OPSY? (Yes or No
-								No
UNDERLYING	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.	22 ho	B. PLACE OF INJURY (e.g., me, form, foctory, street, office	in or obout 22C. WH e bldg., etc.) INJURY	IERE DID (If In Bai OCCUR?	ltimore City, give	e exoct locotion)	
≥ 22D. TIME		eor) (Hour)	22E. INJURY OCCURRED	22F. HO	W DID INJURY	OCCUR?		
OF INJURY (APPROX.)			WHILE AT NOT	WHILE	100			
23.		m	. WORK L AT V	VORK				
	tify that I held on	Inquiry 🗌	Inspection X Au		shas an shie ha	sie donah in	mu aninian	
resul	Ited from: Notural c	ouses X	Aceldent Suici	de Homicide	Undet	ermined monn	er	
	(0)	0	1	CHIEF M	MEDICAL EXAMIN	VER 📙		DATE SIGNED
SIGNAT		~.(J- 7 ZKI	ASSISTANT I	MEDICAL EXAMIN	VER X		- AIL 010112
EXAMIN NAME (NER'S Charles	s S. Spr	ingate, M.D.		MEDICAL EXAMIN	NER M	arch 13	, 1969
24A BURIAL CRE	MATION. 24B. DATE		24C. NAME of CEMETERY	or CREMATORY	24D. LOCAT	TION (City,	town, or count	y) (Stote)
REMOVAL (Spec	cify)	100	0.1.7. 6					
Burial	3/17/		Oak Lawn Cer			Colgate,		
25A. DATE REC'E	BY HEALTH DEPT.	100	ME OF REGISTRAR	25C. FUNERA			ADDRESS	
	2600 BUT > 197	Vis.	or E. Sin I m	Ullric	j Funeral.	Home 42	10 Bela	ir Road.

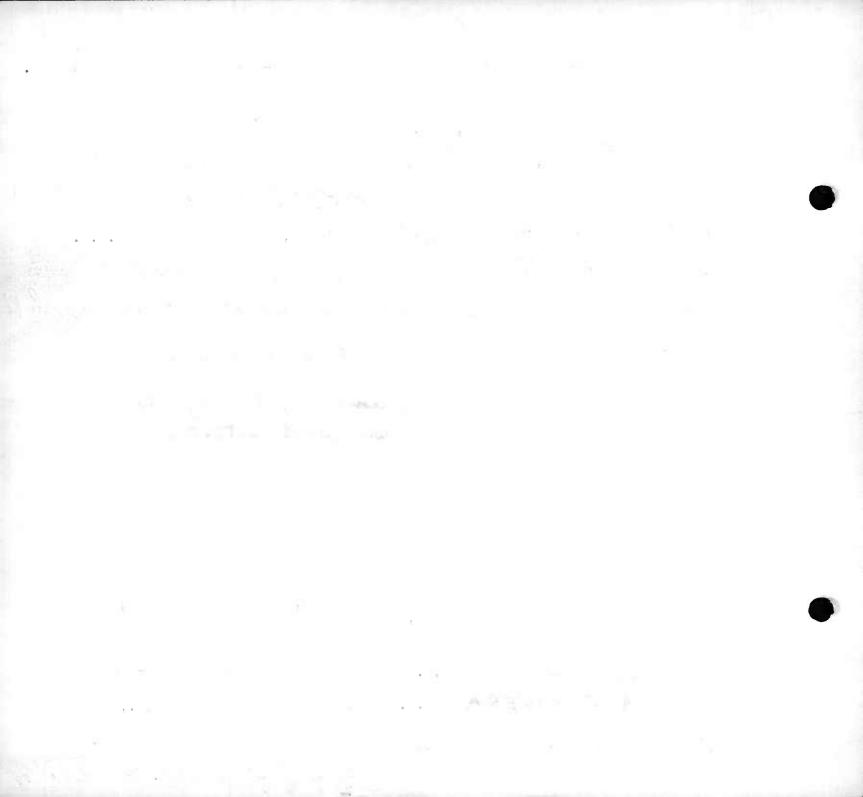
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	69 279		TE OF DEATH	1/	69 2790
BIRTH NO.				AND HOUR OF DEATH	1
Type of Print)					
	w F. Baugus		Marc	ch 12, 1969	6:08 A M
3. PLACE IN BALTIMORE, MAR			A. STATE B. CC	Where deceased lived. If	institution; residence before admission)
FULL NAME OF (IF NOT IN ADDRESS	IN HOSPITAL OR INSTITU	UTION, GIVE STREET	Maryland c. City of town	D IN	SIDE CITY LIMITS?
NSTITUTION .	gnes Hospital		Lansdowne	D. 114.	YES NO
	& Wilkens Ave		E. STREET AND NUMBE	D	IE3 [] NO []
Andrew Pro-	ore, Maryland				0.7
			243 Second	Avenue 212	
M 6. RACE	WIDOWED	X NEVER MARRIED DIVORCED	7-23-1916	lost birthdoy) 52	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, eve					77 G A
Boiler Maker	Β δ	O RR	Virginia		U. S. A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Friel Ba	augus		(Unkno	own)	
5. Was Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS 21227
Yes, no or unknown) (If yes, give	war or dates of service)	220-03-6169	Virginia C. I	Baugus, 243 S	econd Ave. Lansdown
18. / / 0 0 1		CAUSE OF DEAT	4		APPROXIMATE INTERVAL
DISEASE OR COND	ITION DIRECTLY	Corona	is occlus	in	BETWEEN ONSET AND DEATH
LEADING TO		00000	// 0	CIV-	Suddon
(This daes nat meon the		(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
heart failure, asthenia, etc.	. 11 means the disease,				16 11/12
injury ar complication whi	ch coused deoth.)	youaro	- Oceculas Lee	class &	92-1/60
ANTECEDENT	CAUSES	in Cerenas	Mulses		
DISEASES OR CONDITIO	ONS. if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	·····	
rise to the abave co					
UNDERLYING CONDITION	N last.	(c)			
11			_		
OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING				
TO THE DEATH BUT NOT RE	LATED TO THE TERMINAL	/			
U 19A. DATE OF OPERATION	7EN IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes o	No) 208, IF YES. WERE	FINDINGS CONSIDERED
E OF OFERATION	WAS PERFORMED		A A O I O I SI I I I O O	IN CERTIFYING C	AUSES OF DEATH?
			1 1010 10105		
OR CONTRIBUTING CAU OEATH (notify medical exam	SE OF hometc.	ne, farm, foctory, street, o	n or obout 21 C. WHERE DI	D (If in Boltim	ore City, give exact facation)
21 D. TIME (Month) (Do	y) (Year) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
2 OL MIJOKI					
(APPROX.)	Wo		- L		
22	hasnital) attacks t	he deceased from	1150	19/10 to 3/1	12 1600
22. I certify that (I) (this		615	100		The second
that (1) (we) lost sow the				0 1 1	pinion deoth occurred on the dot
and hour and from the co	uses stated above. (l) (We) (did) (did not) v	lew the bady ofter dea	ith Colland &	of Mullion and men
23A_SIGNATURE				-6	23B. DATE SIGNED
Elish whele	um 7	Phy	ending Med.	Staff Phys.	21/2/69
23C. PHYSICIAN'S		DEGREE	23 D. ADDRESS	,	1 4 4
NAME (Type)	W. Johnson	and the last	3432 Frederic	ck Avenue	
	DATE 24C.N	AME of CEMETERY of CR	EMATORY 24	D. LOCATION	City, town, or county) (State)
REMOVAL (Specify)		en Haven Cemet		Glen Burnie	A. A. Md.
25A. DATE REC'D BY HEALTH	DEPT. 258. NAME	OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
MENAL A &	303 (2006)	C. SCABEUMA			Wilkens Ave. 21229

1.NA (Type		ased Aniel, Josep				3/ 14/6	0 1025
FULL HOS	L NAME OF PITAL OR ITUTION BAI	MORE MARYLAND, W IF NOT IN HOSPIT ADDRESS OR LOCA LT IMORE CITY 40 EASTERN A LT IMORE, MD.	AL OR INSTITUTION HOSPIT	UTION, GIVE STREET	A. STATE MARYLAND C. CITY OR TOWN BALT IMORE E. STREET AND NUM	D.	INSIDE CITY (IMITS? YES NO 21224
5. SE		. RACE	7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under Manths! Days Hours!
MA	LE	WHITE	WIDOWED	DIVORCED	8-23-08	60	Mainis Bays Hadis
done		orking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	MARYLAND	ar fareign country)	12. CITIZEN OF WHAT
13. F/	ATHER'S NAM	E			14. MOTHER'S MAIDE	NNAME	
	THOMAS				MARY RADI	Œ	
5. W	os Deceased E	ver in U. S. Armed For If yes, give war ar date	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
1103,1	or onknown// ()	, cs, give war or date	S GI SCIVICE!	SECURITY NO. 220-18-9571	BCH RECORDS	4940 EASTE	RN AVE. 21224
1	B. /// 5	/-		CAUSE OF DEAT		4742	APPROXIMATE I
		R CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	=======================================	
z	rise to the UNDERLYING	obove couse (A) CONDITION lost.	NTRIBUTING	(c)	KINISON	DISCORPE	2011
ATION	rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	CONDITION lost. II CANT CONDITIONS CO I BUT NOT RELATED TO TODITION GIVEN IN PAR OPERATION [198. CON	NTRIBUTING HE TERMINAL T 1 (A).	PAR	KINSON 20A. AUTOPSY? (Yes		20 y P
ERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO TO TO THE PART OF P	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR V	PAR WHICH OPERATION	NO	or No) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFICATION	TISE 10 INEUNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 9A. DATE OF CONTRIBUT OR CONTRIBUT	CONDITION lost. II CANT CONDITIONS CO I BUT NOT RELATED TO TODITION GIVEN IN PAR OPERATION [198. CON	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR V	PAR WHICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, o	NO	or No) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 9A. DATE OF CONTRIBUT DEATH (natify in	CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO TO TO THE PROPERTION 19 P. CON WAS PERITOR TO THE PROPERTION	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR N FORMED 218. ham etc.	PAR WHICH OPERATION PLACE OF INJURY (e.g., in factory, street, on the street, on	20A. AUTOPSY? (Yes NO in or about 21C. WHERE ffice bldg., INJURY OCC	or No) 20B. IF YES, W	
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF C 21A. ACCIDENT DEATH (notify n	CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO TO TO THE LATED TO THE LA	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR N FORMED 218. ham etc.	PAR WHICH OPERATION PLACE OF INJURY (e.g., in the form, factory, street, on the form) INJURY OCCURRED the At Not While the Not While the form of the factory of the facto	20 A. AUTOPSY? (Yes NO in ar about) 21 C. WHERE ffice bidg., INJURY OCC	OID (If In Bol	timare City, give exact lacation)
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 9A. DATE OF COTTRIBUT DEATH (notify in DEATH (not	CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 198. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medical examiner) (Manih) (Doy) (Year) that this hospital ost sow the decease from the couses stored	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR V FORMED 21B. Wh Wo Ottended to	PLACE OF INJURY (e.g., i e, farm, factory, street, a linjury OCCURRED lile At At Wark	20 A. AUTOPSY? (Yes NO in ar about 21C. WHERE INJURY OCC 21F. HOW D	DID (If In Bal UR? 19 68 to and that in (my) (aur)	timare City, give exact location) 3 / 14 19 opinion death occurred on
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 9A. DATE OF C 21 A. ACCIDENT OR CONTRIBUT DEATH (notify in 21 D. TIME (A PPROX.) 22. I certify the	CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO TO THE PROPERTION TO THE	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR V FORMED 21B. Wh Wo Ottended to	WHICH OPERATION PLACE OF INJURY (e.g., in the property of the	20 A. AUTOPSY? (Yes NO in ar about 21 C. WHERE ffice bldg., INJURY OCC 21 F. HOW D 21 F. HOW D 19 68	DID (If In Bal UR? 19 68 to and that in (my) (aur) Shaff Phys.	3/14 19 popinion death occurred on 3/14/68
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CO 19A.	CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO T INDITION GIVEN IN PAR OPERATION 198. CON WAS PERI T WAS UNDERLYING (ING CAUSE OF medical examiner) (Manth) (Doy) (Yeor) (Manth) (Doy) (Yeor) (Manth) (Doy) (Yeor) (This hospital ost sow the decease from the couses store (FS perior)	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR N FORMED 218. ham etc. (Hour) 21E. Wh wo O ottended to etd olive on ted obove.	WHICH OPERATION PLACE OF INJURY (e.g., in the property of the	20 A. AUTOPSY? (Yes NO in ar about 21C. WHERE INJURY OCC 21F. HOW D	DID (If In Ball UR? (If In Ball und that in (my) (aur)	3/14 19 popinion death occurred on 3/14/68



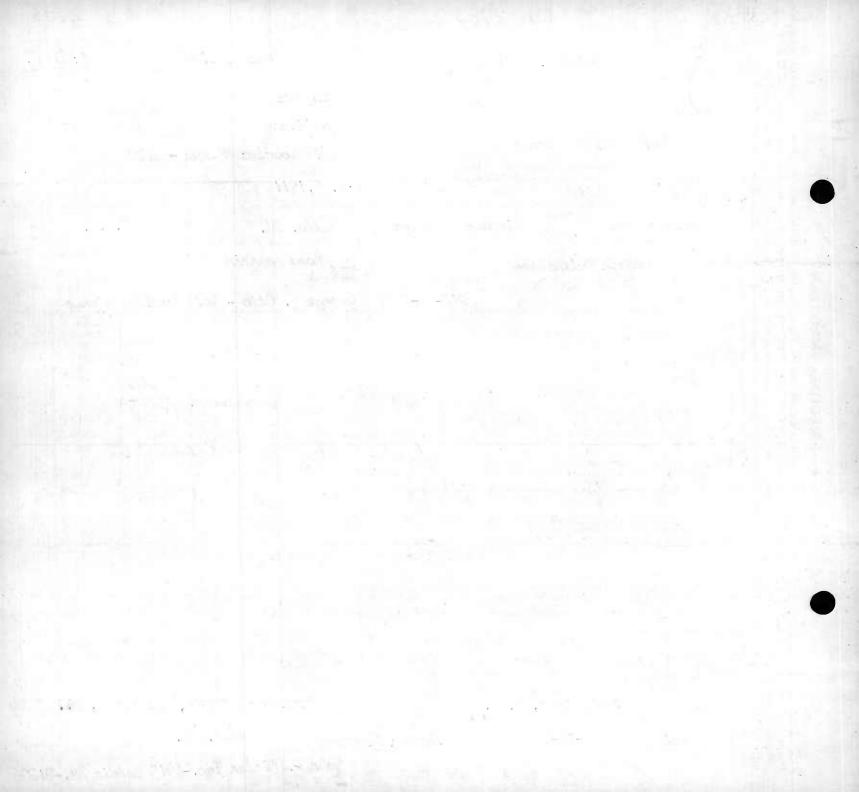
BALTIMORE CITY HEALTH DEPARTMENT

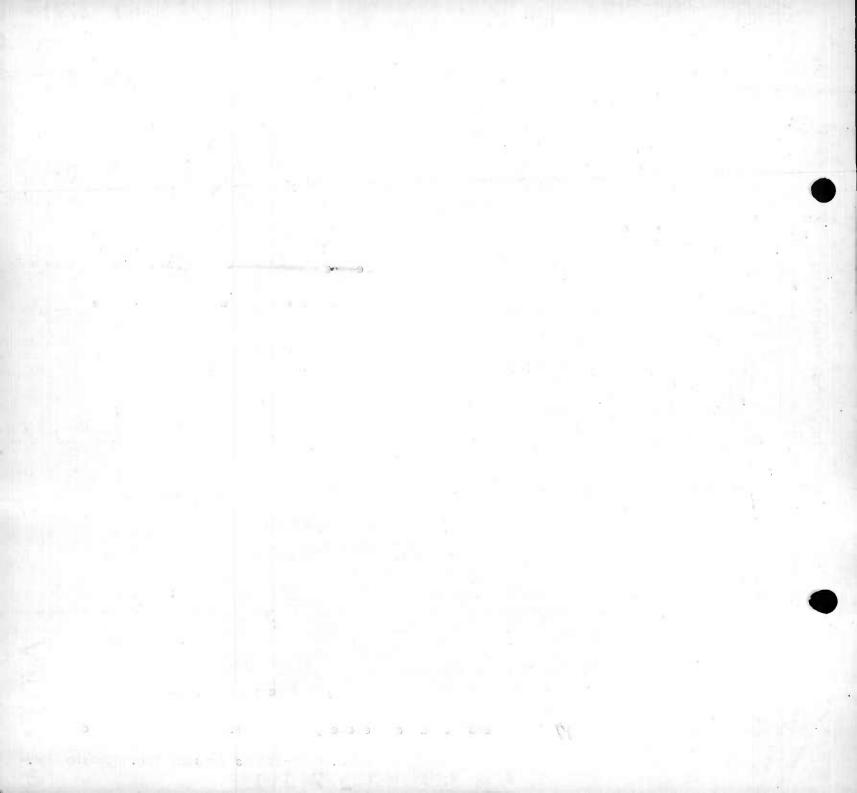


a hospital and

	69 2793 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 3793									
1. N	TH NO.		DATE AND	HOUR OF DEATH		/ 25	A			
(Тур	e or Print)	Regina B	. Otto			March	11,1969		6:00	A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION					4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissing the state of the state o					
9	0 46/4	Woodlea Av	enue		E. STREET AND NUMBER 4614 Woodlea AV enue - 21206					
5. S	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	à -	AGE (In years	If Under 1 1 Months: Doy	r. If Unde	er 24 H Min.
-	Female	White	WIDOWED	DIVORCED	Mar. 5,19	"	st bigth day)		110013	741010
				BUSINESS OR INDUSTR	11. BIRTHPLACE (S	lote or foreign	country)	12. CITIZEN	OF WHAT	COUNT
	actory w		Simpso	on & Doller	Balto.			u.s.	A.	
13.	FATHER'S NAM	orge Mullha	usen		14. MOTHER'S MA	Anhre				
	Was Deceosed	Ever in U. S. Armed I	Farces?	1 6. SOCIAL	17. INFORMANT			AD	DRESS .	
tres	No	(If yes, give wor or d	otes of service	SECURITY NO. 212-07-0929	George S	Otto	- 4614 Wo	adlas d'		
	18,///			CAUSE OF DEA		• 000	- 1011 110		PROXIMATE I	NTERVA
	hearl failure, a injury or camp A DISEASES Orise to the	Il mean the made isthenia, etc. It mea istenia, etc. It mea istenia, etc. It mea istenia, etc. NTECEDENT CAUS R CONDITIONS, if above cause (ACONDITION last.	ns the disease, ed death.) ES i any, giving	Lennia a	nteros OF: Vas	elesti Ca	relio			
		11		ol and	- al deur	A tas	crth Choles	4 ariers		
ATION	TO THE DEATH	CANT CONDITIONS C BUT NOT RELATED TO ENDITION GIVEN IN P	tus Her	nia						
ERTIFIC	19A. DATE OF	WAS P	ERFORMED	WHICH OPERATION	20 A. AUTOPSY?	NO	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CO AUSES OF DEA	NSIDERED TH?	
CAL C	OR CONTRIBU DEATH (notify	T WAS UNDERLYING TING CAUSE OF medical examiner)	21 B harr etc.	PLACE OF INJURY (e.g., e, farm, factory, street,	in ar obout 21 C. WHE affice btdg., INJURY C	RE DID OCCUR?	(If in Boltimo	are City, give ex	act location)	
MEDI	21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Yea	(Haur) 21E Wh Wo	21 F. H-O V	DID INTO	RY OCCUR?				
	22. I certify	hot (1) (this hospi	tol) ottended t		8-27-6		64 to	3-11-	19	60
	that (I) (we)	ast saw the decea	sed alive on	6-11-	1968	ond that	in(my) (our) op	inion deoth a	ccurred or	the d
		//	toted obove. () (We) (<u>did)</u> (did not)	view the body ofte	er death.				
	23A. SIGNATUI	~//	nno	n nL	ending Med		toff hys.	23B. DATE SI 3-	11-69	7
	23C. PHYSICIAI	4 'S		DEGREE	23D. ADDRESS		.,			

NAME (Type) D DEGREE 5002 Frankford
24C. NAME of CEMETERY OF CREMATORY 24D. LOC cford Avenue, (City, tawn, or county) 24A. BURIAL CREMATION, REMOVAL (Specify) Balto. Md. Burial 3-15-69
2SA. DATE REC'D SY HEALTH DEPT. Holy 258 NAME OF RE AL DIRECTOR ADDRESS Miller Inc. -6415 Belair Rd. -21206 VS 150-REV. 1/1/68





	of death Obceased e on the	BIRTH NO. 199-1443) 69 2795 CERTIFICATE OF DEATH REG. NO. 69 2795							
		COLLINS, BABY GIRL MARCH 10, 1969 6:20 P.							
d in a hosping cause cause; (5) artendancrior to dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION ST AGNES HOSPITAL A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY MARY LAND C. CITY OR TOWN LINTH CUM YES NO E. STREET AND NUMBER 731 HELEN AVE								
1	ibut ibut inec	5. SEX 6. RACE 7. MARRIED AMERICAN AS DATE OF RIPTH 10. ACE II							
	occurre ontribut ermined regular eased p	FEMALE WHITE WIDOWED DIVORCED 03 10 69							
	er i e	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign caunity) 12. CITIZEN OF WHAT COUNTRY							
	Si Si	INFANT MARYLAND USA							
	if rect (4) two the the	MOTILER 3 MAIDEN NAME							
Z		15. Was Deceased Ever in U. S. Armod Forces? 16. SOCIAL 17. INSPRAANT							
TA	kind; kind; death ce on	(Yos, no or unknown) (If yes, give wor or doles of service) SECURITY NO. ST AGNES HOSP RECORDS—BALTO MD 2122							
O	if if any ced ndan	18. CAUSE OF DEATH APPROXIMATE INTERVAL							
	- 0 - E a B	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH WHATEDIATE CAUSE THE METHOD TO DEATH LEADING TO DEATH							
	PA 5 5 BE	(This does not meon the mode of dying, e.g., heort foilure, osthenia, etc., It meons the diseose,							
OR:	iner. ractu pro pro gular	injury or complication which coused death.)							
DIRECTOR	alexar I exam (3) A f an who in reg	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving fise to the obove cause IA) stoting like UNDERLYING CONDITION lost. (B) DUE TO, OR AS A CONSEQUENCE OF: (C)							
FUNERAL I	medical medical y burns; physicio iian was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1. 21B. PLACE OF INJURY (8.5 in or obsuit) 1. WHERE DID.							
Z	chie Bod the ysic	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
I	by the cl pital by re; (2) B where tl No phy: d before	OR CONTRIBUTING CAUSE OF							
	p at no	DEATH (notify medical examiner) 21D. TIME (Month) (Doyl (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work							
	approver to the left any not all (excelle); and see obtain	22. I certify that (1) (this hospital) attended the deceased fram MARCH 10 19 69 to MARCH 10 19 69 to that (1) (we) lost saw the deceased olive an MARCH 10 19 69 ond that In (my) (our) opinion death occurred on the date							
	sed to sent of spital leath) ust be	ond haur and fram the couses stated above. (1) (We) (did) (did not) view the body after death.							
	SOPOPE	23A. SIGNATURE 23B. DATE SIGNED							
	E 0 0 - + B	Marston of Journey, MD DEGREE Phys. Attending Director Phys. 10 Mar 69							
	was r was r A. at c prior	NAME (Type)							
	certificat body was fs: (1) An D.O.A. at ased pric	MARSTON A YOUNG MD DEGREE STAGNES HOSP BALTO MD 21229 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel)							
	bod ws: S D.C	Quirial 3/14/69 St. Stanislaus Doshro H Nounell My							
	This certif the body shows: (1) was D.O.A deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C. FUNERA							
		VS 150-REV. 1/1/68							

If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET, AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED (If In Boltimore City, give exact location) and that in (🍅) (aur) apinian death accurred an the date Miller Inc-6415 Belair Road-21206

2-14-10 GRUCHS USET AN NO. FURTHER SUE THE CENT A. COPEZ NO CHURCH SCHOL AND STATES THE REAL PROPERTY AND ADDRESS.

Sucho

	CO OPTO	BALTIMORE CITY	HEALTH DEPARTM	ENT	
BIRTH NO.	69 279	CERTIFICA	TE OF DEA	TH REG. NO.	69 2797
	dward Joseph		2. D	9 MARCH 1969	8:15 P
3. PLACE IN BALTIMORE, MARYL	AND, WHERE PRONO	UNCED DEAD			nstitution: residence before admission)
	HOSPITAL OR INSTIT	UTION, GIVE STREET	DISTRICT	OF COLUMBIA, WAS	
	DMINISTRATIO		C. CITY OR TOWN WASHINGTO		YES X NO
	RAVEN BOULE		E. STREET AND NU		
BALTIMORE,	MARYLAND 2	21218	4501 5th	STREET N. W.	
5. SEX 6. RACE MALE NEGROID		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
	WIDOWED		5-14-21	4.7	
10A. USUAL OCCUPATION (Give kir done during most of working life, even it	relired)	F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
LABORER			WASHINGTO	·	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAID		
EUGENE CONNOR			MARIE LOI		
15. Was Deceased Ever in U. S. A. (Yes, no or unknown) (If yes, give wo	med Forces? r or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	HOSPITAL RECOR	DS ADDRESS
	TO 11-28-44		3900 LOCH	RAVEN BLVD. BA	LTO., MD. 21218
18. / 5 5 , O I		CAUSE OF DEAT	Н	22,21, 22,	APPROXIMATE INTERVAL
DISEASE OR CONDITI			TT		BETWEEN ONSET AND DEATH
LEADING TO I		(A) IMMEDIATE CAU	se Hepaton	18.	13 months
heart failure, asthenia, etc. II	means the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which ANTECEDENT					
		(B)		***********************	*************
DISEASES OR CONDITION	e (A) slaling the	DUE TO, OR AS	A CONSEQUENCE OF		
UNDERLYING CONDITION	ast.	(c)	************		
Z					
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN	ED TO THE TERMINAL	******************	************************		
U 19A. DATE OF OPERATION ITS	B. CONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Ye	at No. 208. IF YES, WERE	FINDINGS CONSIDERED
	AS PERFORMED		YES	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE DEATH (natify medical examine	OF Ihom	PLACE OF INJURY (e.g., in e, form, factory, street, af	or obout 21C. WHERE fice bldg., INJURY OCC	DID (II in Baltimar	e City, give exact location)
21D.TIME (Manth) (Doy)	and the second s	INJURY OCCURRED			
OF INJURY				ID INJURY OCCUR?	
	*****	K - AT TYOIK			
22. I certify that (4) (this h			28 JANUARY	19 69 to 9 MA	
that (f) (we) last saw the d			19 69	and that in (35%) (aur) apir	nian death accurred an the date
and have and from the caus	es stated above. 🌴) (We) (did) (영단다다 v	lew the bady after d	eath.	
23A. SIGNATURE					23B. DATE SIGNED
	11	DEGREE Phys	nding Med. Director	Staff Phys.	3/11/69
23C.PHYSICIAN'S NAME (Type)	10	men 1	00	LOCH RAVEN BOUL	
	YOUNG E. CH		BALT	IMORE, MARYLAND	
24A. BURIAL CREMATION, 24B. D. REMOVAL (Specify)	ATE 24C. NA	ME of CEMETERY OF CRE	MATORY		y, town, or county) (Slote)
Burial 3-	-14-69 H	larmony Memori	al Park	Pringe George,	Maryland
25A. DATE REC'D BY HEALTH DEP	T. 258 NAME O	F REGISTRAR	25C. FUNERAL BI	Kirnes Co.Fune	ral Homeoness

TENTANT CONTROL OF

		0 00	BALTIMORE CITY	HEALTH DEPARTMENT		00 0000
BIRTH NO.	р	9 27	CERTIFICA	TE OF DEATH	REG. NO	69 2798
I.NAME OF D	FCFASED					
(Type or Print)	KREUDER		E ESTELLE		CH 12, 19	A. A.
3. PLACE IN B	ALTIMORE MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re docoosed lived. If in	stitution: residence before admission
FULL NAME OF HOSPITAL OR	OF (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT ATION)	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	(11	28 - 64/
•				BALTO		A4-
1/=	ST. AGNE	S HOSP	TAL	E. STREET AND NUMBER		YES NO
40				4506 OLD FR	EDERICK RI	0. 21229
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs
FEMALE	WHITE	WIDOWED	DIVORCED	12-05-05	lost birthdoy)	Months Doys Hours Min.
IOA, USUAL OC	CUPATION (Give kind of wor			11. BIRTHPLA CE (Stole or fore		
done during most	of working life, even if retired)				ign country)	12. CITIZEN OF WHAT COUNTR
SECRETA	ARY	STATE	OF MARYLAN	D MARYLAND		U.S.A.
13. FATHER'S N				14. MOTHER'S MAIDEN NA	ME	
				MARGARET (N	ILE FULDA)	REILLY
15. Wos Deceos	ed Ever in U. S. Armed For	ices?	1 6. SOCIAL	17. INFORMANT		ADDRESS
lios, no of unknow	wn) (If yes, give wor or dote	es of services	SECURITY NO.		HOCDITAL	
NONE			212-32-981	8 ST. AGNES	UOSTIIAL I	NE CURDS
18.44	1.3.		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
	ASE OR CONDITION DI	DECTIV	/ 3			BETWEEN ONSET AND DEATH
	LEADING TO DEATH	KECILI	Occius	:0N (L)	1 10-	1221
(This does	not meon the mode of	dvina ea	(A) IMMEDIATE CAU	SE OORO	NARY ARTE	RY - 24 HRS
heort loilute	e, osthenio, etc. it meons	the diseose,	DUE TO, OR AS A	CONSEQUENCE OF:	,	
injury or co	omplication which coused	deoth.)				
	ANTECEDENT CAUSES		Abol	1	111	
DISEASES	OR COMPUTIONS "		(B) // / / / / / / / / / / / / / / / / /	MINAL A	VEUXPUS POR	1 LYRS
pise lo	OR CONDITIONS, if	ony, giving	DUE 10, OK AS	A CONSEQUENCE OF:		
	NG CONDITION inst.	stotting title	(c)			1
4.			(0/	***************************************		
Z	H		20			
O OTHER SIGN	HEICANT CONDITIONS CO ATH BUT NOT RELATED TO T	NTRIBUTING	XX			
A DISEASE OR	CONDITION GIVEN IN PAR	T [(A).		*******************************		
DISEASE OR 19A. PATE (F OPERATION 198 CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yos or No	208, IF YES, WERE F	INDINGS CONSIDERED
E 3/8/	69 WAS PER		EURYSM	YES	IN CERTIFYING CAL	ISES OF DEATH?
U 21A. ACOD	ENT WAS UNDERLYING	7170		or obout 21 C. WHERE DID	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5
. IOR CONTRI	BUTING I CAUSE OF	hom	e, form, foctory, street, off	ice bldg. INJURY OCCUR?	(ii in politimore	City, give exect lecetion)
U	fy medical examiner)	elc.)				
21D. TIME	(Month) (Doyl (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCURY	
S OF INJURY		Whi	le Al Nol While			
(AFFROA)		Wor	k Al Work			
22. I certif	y that (1) (this hospital) ottended th	ne deceased from MA	RCH 7	9 69 to MAR	CH 12 10 69
				(0		***************************************
1	e) lost sow the deceose			19 <u>69</u> ond the	ot in (my) (our) opin	ion deoth occurred on the dot
ond hour o	nd from the couses stat	ed obove. (i) (We) (did) (did not) vi	ew the body ofter deoth.		
29A. SIGNAT	TURE					238. DATE SIGNED
has	. 1. m	-	The Atten	ding Med.		3/1 3/
	malle	Olosie	DEGREE Phys.	Director L	Staff X	2/13/69
23C. PHYSICI			2	3D. ADDRESS BALTIN	MORE, MARY	LAND 21229
FRAN	KPM. DETORI	E, M. I)			
244 8412121 ==			DEGREE	ST. AGNES HOS	SP; LATUN &	WILKENS AVES.
24A. BURIAL CE REMOVAL	REMATION, 248, DATE (Specify)	24C. NA	ME of CEMETERY of CRE	MATORY 24D. LO	CATION (City	y, town, or county) (Stote)
Burial	March 15	1060	New Cathedral	Com P-1	to Wa	
	PACITION TO	UUJ	ATOM USE WHELLISH	Ocme DST	to. Md.	
	D BY HEALTH DEST					
230. DATE REC	D BY HEALTH DEPT.	258 NAME O		25C. FUNERAL DIRECTOR	Balto. Me	d. ADDRESS 21229
A A	D BY HEALTH DEPT.			25C. FUNERAL DIRECTOR	Balto. Me	d. ADDRESS 21229 to. National Pike

July 1.75 Styles apren

ELECTRIC BOOK OF GALLETTE TO A STATE OF A

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IMPORTANT

FUNERAL DIRECTOR:

		HEALTH DEPARTMENT
	GIRTH NO. 69 2300 CERTIFICA	TE OF DEATH REG. NO. 69 2300
(NAME OF DECEASED Typo or Print) ANGELINA GROSS	MARCH 13, 1969 8-30 A.
ľ	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If Institution: rosidence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 20-05
	N STITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	FRANKLIN SQUARE HOSPITAL	E. STREET AND NUMBER
		305 S. BENTALDY
	SEX 6. RACE 7. MARRIED W NEVER MARRIED	8. DATE OF BIRTH/ 19. AGE (In years If Under 1 Ye. If Under 24 Hrs.
	WIDOWED DIVORCED	4/20/89 lost highday) Manihs Days Haurs Min.
(A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BERTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	House i Fe ?	MARYLAND U.S.A.
-	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	DOMINIC CORRIERI	FELECIA
	. Was Doceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	PC , give war of dates of servicel SECURITY NO.	CHARLES P, GROSS (HUSBAND)
	18. 25 0.91 CAUSE OF DEATH	1 APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAU	SE CVA, INTRACEREBENT
	heart foilure, asthenia, etc. It means the disease, injury ar complication which caused death.)	SE CVA, INTRACEREBETTLA CONSEQUENCE OF: HEMORRHAGE
	ANTECEDENT CAUSES	
	(B)	DIMBETES HELLIPUS A CONSEQUENCE OF:
	rise la lhe above cause IA) slaling the	a de la companya de l
	\\/	
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
1	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
CERTIFIC		IN CERTIFYING CAUSES OF DEATH?
	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, oil	or about 21 C. WHERE DID (If In Boltimare City, give exact location)
֭֭֭֭֭֭֭֡֝֝֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	DEATH (notify medical examiner)	
	21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) White At Not White	21F. HOW DID INJURY OCCUR?
_	(APPROX.) While At Not While At Work	
	22. I certify that (1) (this hospital) attended the deceased from	
	that (1) (we) lost sow the deceased alive on WHRAT 13	
	and hour and from the couses stoted above. (1) (We) (did) (did not) v	ew the body ofter death.
	23A. SIGNATURE	23 B. DATE SIGNED
	DEGREE Phys	
	NAME (Type)	3D. ADDRESS
	KENATO H, GE COLEA, MIV.	ELBINETIN 20 MILE HOSPILLOF
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stolet
	Burial March 17, 1969 Meadowridge Ce	Balto. Md.
	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	The state of the s	G Praymen Serbyrob Z512 Francisco ole Area Dalta Mi

Truman Schwab 3512 Frederick Ave. Balto. Md.

ANGELINA GROSS

MARCH 13, 1969 8:30 A

MARCYLAND

BULL LOVE

305 S. BENTALON

4/20/89 80

MARYMAN

FELE CIA

CHARLES P. GRUSS (HMSBAND)

. A. 2, U

CVA, ILTRA CEMEBRAL HEN OPPUREE

DINBELLE HEMINZ

3/13 64

Norm 13, 64 12 6 LV LOG 13

Renote H. Kender, M.D. MARCH 13/69

RENATO H. GE COLEA, M.D. FRANKLIN SALARE HOSPITAL

which had been allerged by her

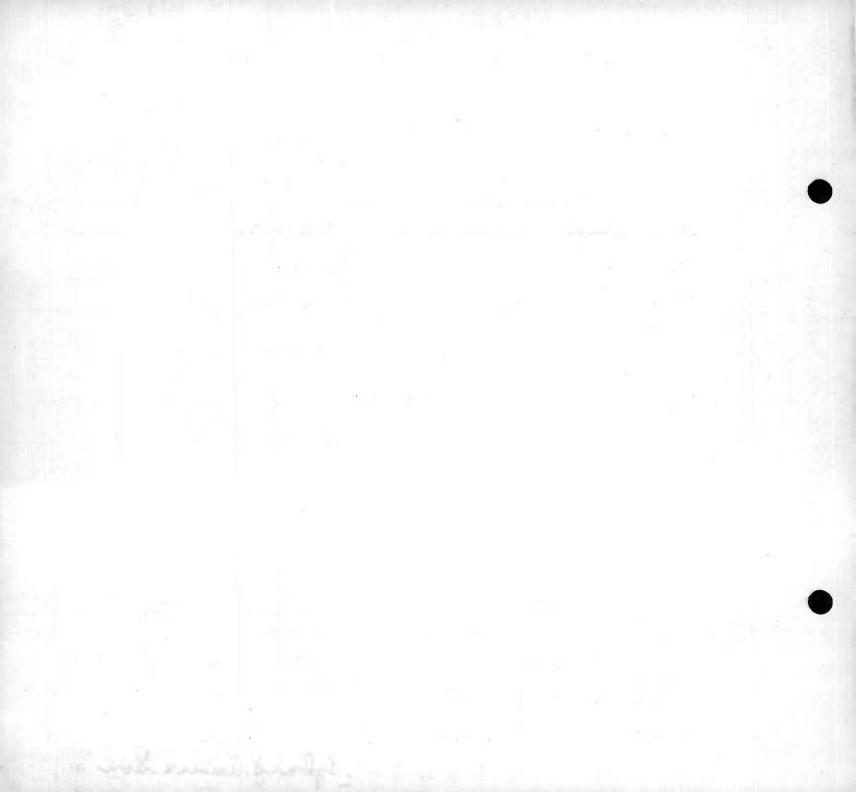
FRANKUN SOURCE HOSPITAL

DONIPIC CORRIERI

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to work yourself in

BALTIMORE CITY HEALTH DEPARTMENT



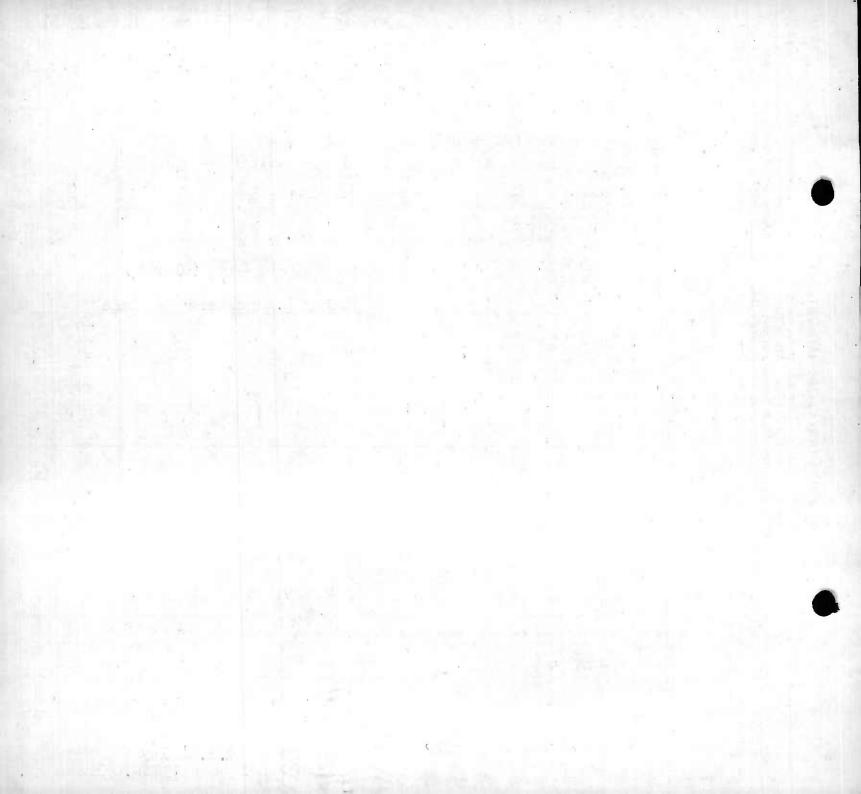
69 2802 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

MEDICAL EXAMINER'S C	CEDTIEICATE OF DEATH	69 2892
RTH NO.	REG. NO.	
NAME OF DECEASED	2. DATE Knawn Manth Day	Year Haur
WILLIAM DIETZ DEITZ	OF DEATH Estimated 3 12	69 11:55 am.
PLACE IN BALTIMORE, MARYNAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day	Year Haur
JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD March 12.	1969 11:55 а м.
DSPITAL ADDRESS OR LOCATION) R INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution:	
V4	A. STATE B. COUNTY	9-14
Union Memorial Hospital SEX 7. RACE 8. MARRIED ALEVER MARRIED	Maryland C. CITY OR TOWN D. INSIDE CIT	TV HADES
SEX 7. RACE 8. MARRIED NEVER MARRIED		
Male White WIDOWED DIVORCED		NO NO
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AND NUMBER	
14 11 Avch 21 47	2635 Greenmount	Ave.
BIRTHPLACE (State or fareign cauntry) 12. CITIZEN OF	13. FATHER'S NAME	
MARCIONATE WHAT COUNTRY?	William R Deita	
A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
Touring most of working life, even if retired)	Mary Frances Riley	
WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		DDRESS
es, aa or unknawn) (If yes, give was ar dates at service) SECURITY NO.	D C+1 11.11	-11 1.
yes 10/27/42-12/6-45/2/1053940	9 Kuse Join 414 Vent	APPROXIMATE INTERVAL
19. 4 31. 41 CAUSE OF DEA	тн	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE O	AUSE Intracerebral hemorrhage	
	AS A CONSEQUENCE OF:	
injury ar camplication which caused death.)		
ANTECEDENT CAUSES (B) DISEASES OF CONDITIONS IF ANY CIVING	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AN A CONTROL OF	
UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CITY	hosis of the liver	
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes ar Na)
2,		YES
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in ar about 22C. WHERE DID (If in Baltimare City, give exa	
UNDERLYING OR CONTRIB- hame, farm, factory, street, affice	e bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NOT	WHILE _	
(APPROX.) m. WORK AT W	VORK L	
23.	NXI and shadow still be also be still	- to to -
	topsyXXX and that on this basis, death In my	
resulted fram: Natural causes XX Accident Suicid		
ACTUAL Edward F, Wilson 1	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE SIGNATURE	ASSISTANT MEDICAL EXAMINER	DAIL SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.		March 12, 1969
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	gr CREMATORY 24D. LOCATION (City, Jown	, ar county) (State)
BUX 12/ 3-14-69 Botto Not	loved Ball Mel	
	ione pure process	DDBECC
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	DDRESS // Na /
WHY I TOO AT JONE OF STORY	Durger Funeval Hame	132/to /1/cl
5 151-REV. 1/1/68	Theren Many day	

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BALTIMORE CITY HEALTH DEPARTMENT



2805BALTIMORE CITY HEALTH DEPARTMENT 69 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO NAME OF DECEASED 2. DATE Knawn | Month Hour (Type or Print) OF EVERETT SEABORNE Estimoted March 4,1969 7:58 A. M DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Yeor Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF March 4,1969 7:58 A.M HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission) PROVIDENT HOSPITAL (DOA) A. STATE B. COUNTY Maryland 7. RACE 6. SEX C. CITY OR TOWN 8. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS? Male Negro WIDOWED _ Baltimore DIVORCED X YES __ NO L 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 10. AGE (In years lost birthday) 52 Months, Doys, Hours, Min. 3000-A Seabury Road Aug 1. 1916 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Maryland

U.S.A. Samuel E. Seak

14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME

done during most of working life, even if retired) Samuel E. Seaborne Sallie Reed Roofer 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. INFORMANT **ADDRESS** SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give wor or dates of service) No 215-07-9449 Wilfred Seaborne 2604 N. Longwood St. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Pulmonary embolism LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dylng, e.g., heart failure, osthenlo, etc. it means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ CERTIFICATION -11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes (body-only) 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, factory, street, office bldg., etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH (Hour) 22E.INJURY OCCURRED 22D. TIME (Month) (Doy) 22F. HOW DID INJURY OCCUR? (Yeor) OF INJURY NOT WHILE WHILE AT (APPROX.) m. WORK AT WORK 23. (hedy-only I certify that I held on Inquiry and that on this basis, death in my opinion Inspection Suicide resulted from Notural couses X Accident Homicide __ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 3/5/69 ASSOCIATE MEDICAL EXAMINER **EXAMINER'S**

24C. NAME of CEMETERY or CREMATORY

Arbutus Memorial Park

24D. LOCATION

25C. FUNERAL DIRECTOR

Nutter Funeral Home

(City, town, or county)

ADDRESS

3035 W. North Ave

Baltimore County, Maryland

Edward F. Wilson, M.D.

258. NAME OF REGISTRAR

24B. DATE

3-8-69

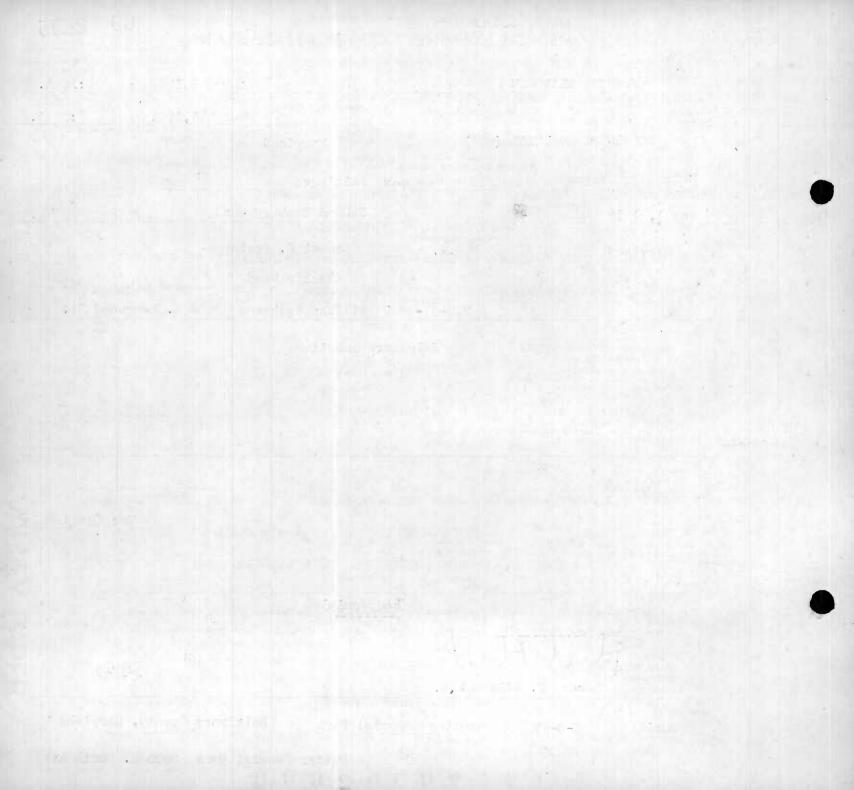
NAME (Type)
24A. BURIAL CREMATION.

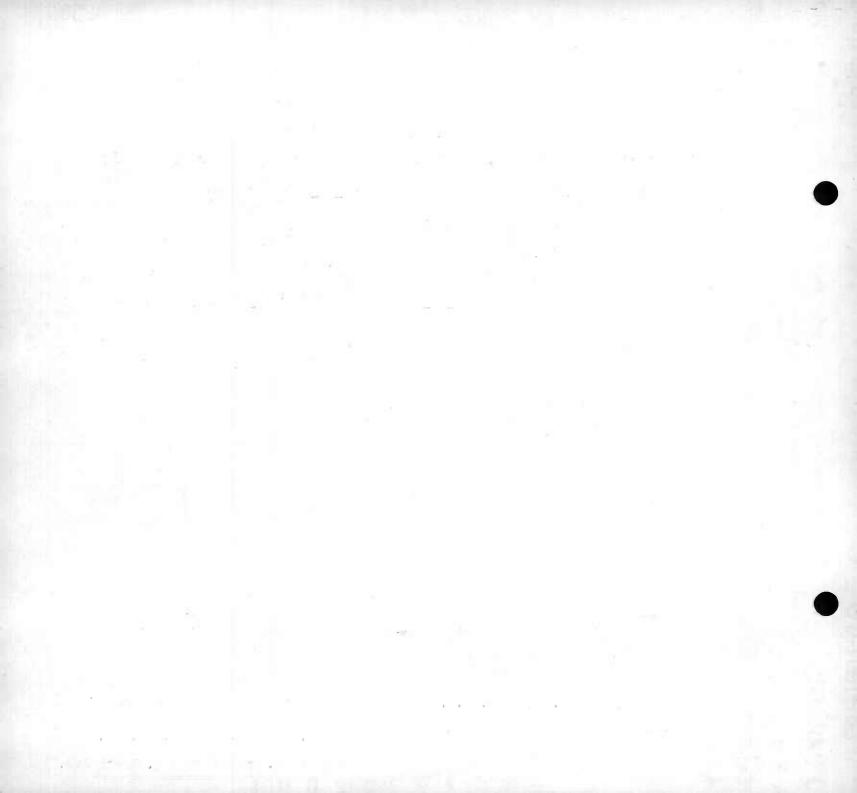
Burial

25A. DATE REC'D BY HEALTH DEPT.

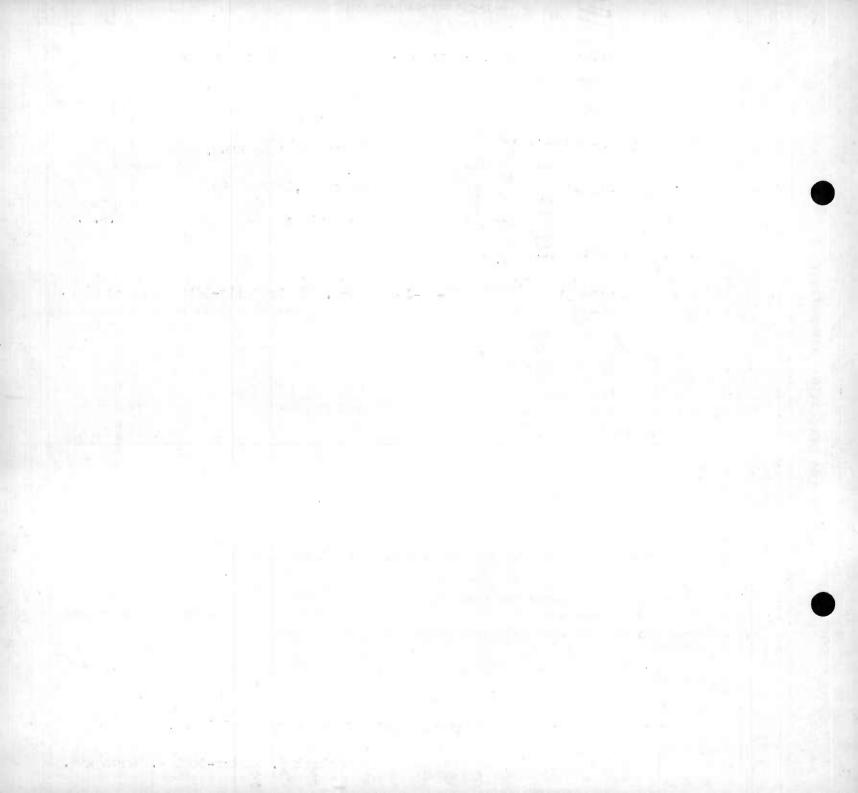
REMOVAL (Specify)

VS 151-REV. 1/1/68





VS 150-REV. 1/1/6B

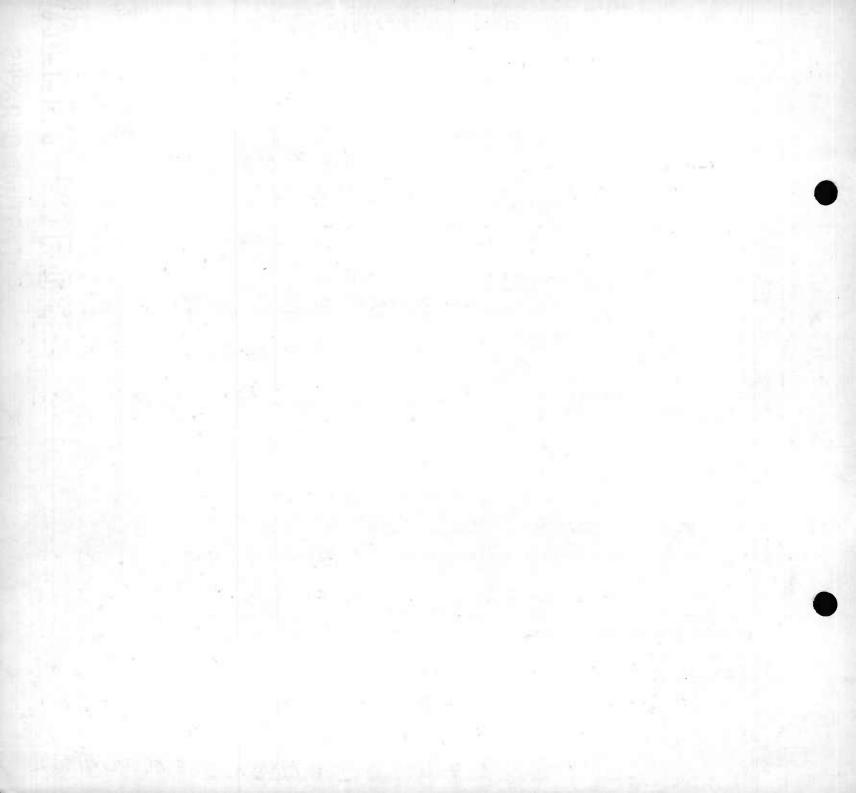


IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

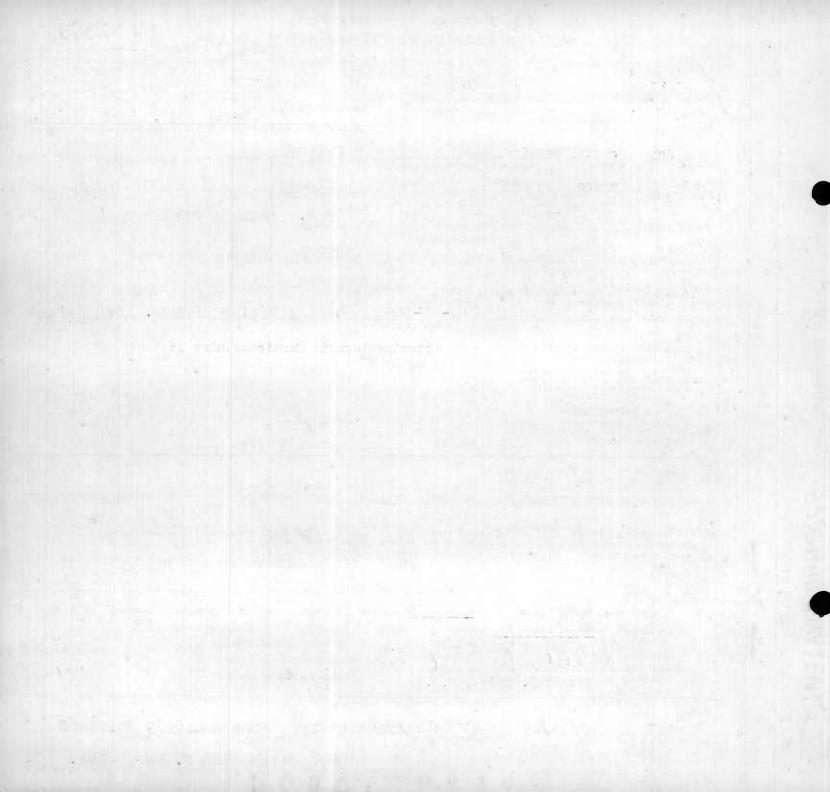


69 2809 BALTIMORE CITY HEALTH DEPARTMENT

69 2800

BIRTH NO.	M	EDICA	L EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.) \ \ \ \ \	2003
1. NAME OF DEC	EASED			2. DATE	Known	Month	Doy	Yeor	Hour
WILLIA	M		PARKER	OF DEATH	Estimoted 💢				
			PRONOUNCED DEAD	3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL	(IF NOT IN HO	SPITAL OR IN	ISTITUTION, GIVE STREET	PRONO	ONCED DEAD	March	10,	1969	3:10P.,
OR INSTITUTION				5. USUAL F	ESIDENCE (When	e deceosed liv	ed. If institution B. COUNTY	n: residence b	efore odmission)
John	s Hopkins	Hospita	al (DOA)		rland		D. CODIVIT	/	-04
6. SEX	7. RACE		RRIED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	ITY LIMITS?	
male	negro	WIDO	WED DIVORCED	Balt	timore		Y	Es 🗌	NO 🗆
9. DATE OF BIRT	H 10.AC	E (In years	If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min	. E. STREET	AND NUMBER				
		76	Months Doys Alours Mint		E. Mon	ument	Street	t:	
11. BIRTHPLACE (S	State or foreign count		12. CITIZEN OF	13. FATHER			00100		
Texas			WHAT COUNTRY?	Unka	nowm				
4A.USUAL OCCU	PATION (Give kind of	work 14B. KIN	ND OF BUSINESS OR INDUST	RY 15. MOTHE	R'S MAIDEN NA	ME			
ione during most of v	working life, even if ret	redj		Unkr	COMPA				
16. WAS DECEAS	ED EVER IN U.S. AF	MED FORC	ES? 17. SOCIAL	18. INFOR	MANT		A	DDRESS	
(Yes, no or unknown	(If yes, give wor or o	lotes of servi	security No. 218-05-009	R Che	rles Ea	etan .	1030 N	Ede:	Street
19. 4/1	the .		CAUSE OF DE		TIOS ES	a not.	1000 111	AP	PROXIMATE INTERVAL
// 60				4 .		1	7.		EEN ONSET AND DEA
	E OR CONDITION LEADING TO DEAT				ic Cardio	vascul	ar Disea	ase	
(This does n	ot meon the mode	of dying, e.g		AS A CONSEC	UENCE OF:				
heort foilure	, osthenio, etc. It meo nplicotion which couse	ns the diseose ed deoth.)							
					- 100				
	NTECEDENT CAUSE OR CONDITIONS, IF		G DUE TO, OF	AS A CONSE	QUENCE OF:				
RISE TO THE	E ABOVE CAUSE (A	STATING TH	1E						
Z	NG CONDITION D	A31.	(C)						
E CANADA	11	IS CONTRIB	UTING		the state				
OTHE DE	NIFICANT CONDITION ATH BUT NOT RELATE	D TO THE TER	RMINAL						
	CONDITION GIVEN		N FOR WHICH OPERATION V	VAC DEDECOR	AED			21 AUTO	PSY? (Yes or No)
DAIE O	F OPERATION 208.	COMPINO	N FOR WHICH OPERATION V	VAS PERFOR	NED				
_			loop BLAGE OF INJURY		OOC WILLIAM DID	Arr n lu	Cu		No
UNDERLYING	NAL CAUSE WAS		22B.PLACE OF INJURY (e.g. home, form, foctory, street, off	ice bldg., etc.)	NJURY OCCUR?	(It in Boltimo	re City, give ex	oct locotion)	
₩ UTING L. CA	(Month) (Doy)	(Yeor) (He	DUT) 22E.INJURY OCCURRED		22F. HOW DID IN	VIURY OCC	102		
OF INJURY	(Monny (Boy)	(1001)	WHILE AT NO	T WHILE					
(APPROX.)			m. WORK AT	WORK					
	rify that I held on	Inquiry	Inspection X A	utop sy	and that on	this basis.	death in my	apinion	
	•		Accident Suic		omicide				
resul	ted from: Natural	causes L	Accident 301c	ide 🗀 🔟	CHIEF MEDICAL		ned manner		
ACTUAL	10/2	0 /	1-5-1	ACC.			$\overline{\mathbf{X}}$		DATE SIGNED
SIGNAT	URE	7	m m	D.	ISTANT MEDICAL				3/11/69
NAME (IER'S Wern	er U.	Spitz, M.D.	ASS	OCIATE MEDICAL	EXAMINER			3/11/09
24A. BURIAL CRE	MATION, 24B. DA	TE	24C. NAME of CEMETER	Y or CREMAT	ORY 24D	LOCATION	City, tow	n, or county) (Siole)
REMOVAL (Speci		4/69	Mt Calvary	Comet	A.	nna A-	nindal	Mona	Fland
Burial 25 A. DATE RECID	BY HEALTH DEPT.		NAME OF REGISTRAR		FUNERAL DIREC		rundel	ADDRESS	Tand
10.43	AR 17 1969	D 25	ob E, Falleyna		C Marc		E. No	orth A	Ave.
VS 151-REV. 1/1/6	В	1 [1 / 0 0 0	0 0	0 0	4			

90002804



	00	00	BALTIMORE CITY	HEALTH DEPARTMENT		00 0040
BIRTH NO.	69	28	LU CERTIFICA	TE OF DEATH	REG. NO	69 2810
1. NAME OF DI	Kintes	Jones	hh		ND HOUR OF DEATH	Ø/ .
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. Il in	nstitution; residence before admission
FULL NAME O HOSPITAL OR INSTITUTION	ADDRESS OR LOCA		UTION, GIVE STREET	A. STATE B. COUL	0	14-02 IDE CITY LIMITS?
29	Provident 1514 Divis			BRHIMOE	0	YES NO
5/	Baltimore			E. STREET AND NUMBER	Vilen 1	Ima.
5. SEX	6. RACE	7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
Male	Negro	WIDOWED			last bighdoyl	Months Doys Hours Min.
Jone during most o	CUPATION (Give kind of work of working life, even if retired)	108, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
				Tennessee		U. S. A.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	ME	
5. Wes Decease Yes, no or unknow	d Ever in U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	, , , , , , , , , , , , , , , , , , , ,	OI SCIVICE	SECURITY NO. 214-10-8499A	Willie May Mi	ntona ilia	CAME
18. 4	291		CAUSE OF DEATH	MATTIC MAY MI	nters - Wile	e SAME APPROXIMATE INTERVAL
	SE OR CONDITION DIR	ECTLY		·		BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	SF CVA		
heort loilure.	nof meon the mode of , asthenio, etc. Il means	the disease	DUE TO, OR AS	CONSEQUENCE OF:	***********	***************************************
injury or co	mplication which coused	death.)				
1	ANTECEDENT CAUSES		(B)			
DISEASES	OR CONDITIONS, if a	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYIN	G CONDITION last.	gloiting the	(c)			
OTHER SIGNI TO THE DEA DISEASE OR O	FICANT CONDITIONS CON TH BUT NOT RELATED TO TH	TRIBUTING	Panor	monitis		
DISEASE OR	CONDITION GIVEN IN PART	1 (A).		- 10-0 100 100		
TANDA IE O	F OPERATION 198. COND WAS PERFO	THON FOR V	VHICH OPERATION	NO	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
21A. ACCIDE	NT WAS UNDERLYING	218	PLACE OF INTURVIOR IS	or about 21C. WHERE DID		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	home	form, foctory, street, off	ice bidg. INJURY OCCUR?	(it to Boltimore	e City, give exoct location)
21D. TIME			<u> </u>			
OF INJURY	trioning tooy, treon	1	INJURY OCCURRED Not While	21F. HOW DID INJU	URY OCCUR?	
		Worl	At Work			
	that (1) (this hospital)				969 to Marc	ch 15, 1969
	last saw the deceased			19 69 and the	t in(my) (our) apin	ilan death accurred an the dote
and hour an	d from the causes state	d above. (I)	(We) (did) (did nat) vi	ew the bady after death.	•	
23A. SIGNATU	JRE	Q.	4.5			238, DATE SIGNED
	Hlau Sac	when	- YUU After Phys.	ding Med.	Staff Phys.	3-17-69
23C. PHYSICIA NAME (1	N'S		DEGREE	BD. ADDRESS	rnys. —	
	DR. AHSA	NI C		1514 Division	Street Bal	Lto., Maryland
4A. BURIAL CRE	MATION 24R DATE	24C. NA	ME OF CEMETERY OF CREA			y, town, or county) (Stole)
Bunk	-0) 31A1	6 Cit	The Day	when the	Saeliman	2 Comoleus
5A. DATE REC'D	BY HEALTH DEPT. 2	58. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	A A A IOOO (روب ان ريا پ	334 A4	10-00	Dimor.	address 2302W North
S 150-REV. 1/1/	68		9 10	1 Mullia	- 101, le	soon of 30 7 th best

Provident Hospital, Inc. 1514 Division Street Baltimore, Maryland 21217

*

Male Negro

69

Tennessee

U. S. A.

214-10-8499A Willie May Minters - Wife SAME

No

March 15, 69 March 15, 69

×

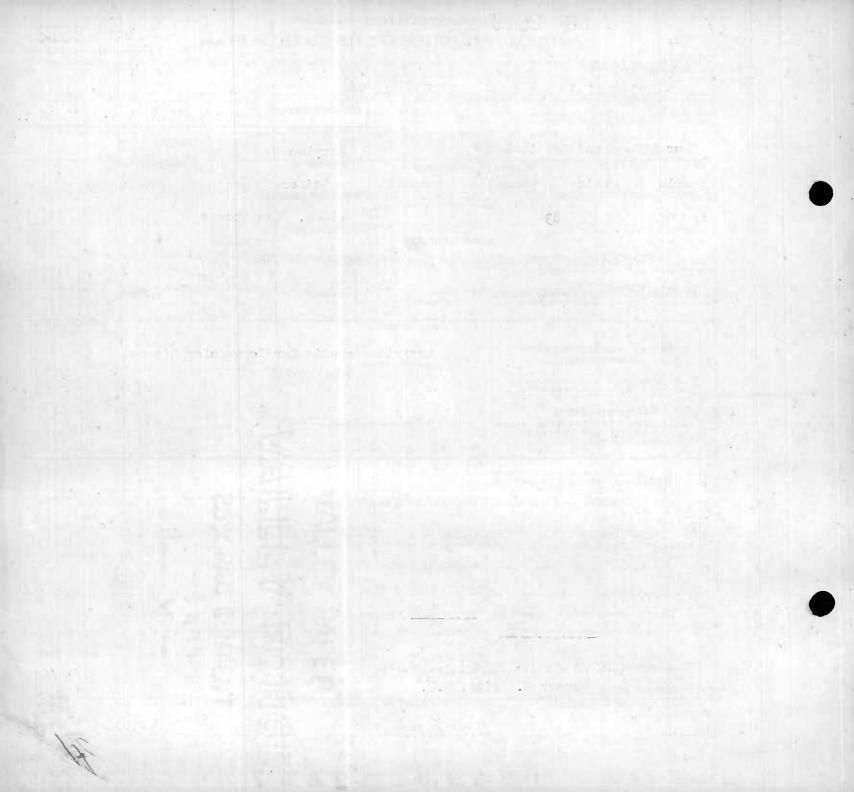
3-17-69

1514 Division Street Balto., Maryland



69 2812 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

MEDICAL EXAMINER'S		69 2812
BIRTH NO.	LENTIFICATE OF DEATH REG. NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known X Month Doy OF DEATH Estimoted	Yeor Hour
SARA H OR KOSAR IA CANDIDO 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	DROMOUNICED DEAD	1969 12:15 A.
Church Home and Hospital	5. USUAL RESIDENCE (Where deceosed lived. If institution: r A. STATE B. COUNTY Maryland	esidence before odmission)
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	(LIMITS?
female white widowed Divorced	Baltimore YES	□ NO □
19. DATE OF BIRTH 110. AGE (In years If Under 1 Yr. If Under 24 Hrs.		₩ NO L
2/4/13/86 lost birthdoy) Months, Doys, Hours, Min.	318 S. Eden Street	
1). BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
WHAT COUNTRY?	head (2.1	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR)	5. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)	10 Tt 6 H	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18- INFORMANT ADD	DRESS
(Yes, no or unknown) (If yes/give wor or dotes of service) SECURITY NO.	- Co. O. O. O.	191 11
19. CAUSE OF DEA	6 Carrier (Candrago 3/8)	APPROXIMATE INTERVAL
CAUSE OF DEA		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterio	sclerotic Cardiovascular Disea	se
(A) IMMEDIATE C	AUSE	00000
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
injury of complication which coosed dealth.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
8	TEM GAMES	211 71010131; ()
	in or obout 22C. WHERE DID (If in Boltimore City, give exoct	No
	e bldg., etc.) INJURY OCCUR?	Tocotion)
22D. TIME (Month) (Doy) (Year) (Hour) 22E INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) m. WHILE AT NOT WORK AT W	WHILE	
23.		
I certify that I held an Inquiry Inspection X Au	tapsy and that an this basis, death in my a	pinian
resulted fram: Natural causes X Assident Suicid	le 🗌 Hamicide 🔲 Undetermined manner 🗌	
	CHIEF MEDICAL EXAMINER	DATE CLONED
ACTUAL SIGNATURE WWW.D. M.D. M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EVAMINEDIS	ASSOCIATE MEDICAL EXAMINER	3/11/69
NAME (Type) Werner U. Spitz, M.D.		
246. DATE 246. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town,	or county) (Stote)
25a. DATE REC'D BY HEALTH DEPT / 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADI	DRESS
	P. R.D. O. I.	14-11
VS 151-REV. 1/1/68	MANK 1884 1000 322	X light



P-452

VS 151-REV. 1/1/68

69 2813 BALTIMORE CITY HE		00 0010
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	69 2813
BIRTH NO.		v. f.
(Type or Print) MARY PELLINGRA	2. DATE Known K Month Doy OF DEATH Estimoted March 13, 19	69 Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD March 13, 19 5. USUAL RESIDENCE (Where deceased lived. If institution:	141-
2321 Anoka Avenue	A. STATE Maryland B. COUNTY	15-05
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Female White WIDOWED DIVORCED D	Baltimore YES	XS No D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		
11. BIRTHPLACE State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Read WHAT COUNTRY?	Ausolo Holling	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
done during most of vorking life, even if retired)	IN MILLION	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT AD	DRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Jan 1 Mi-	1 1
1213-26-0302	Augifo Vellangua 2:	APPROXIMATE INTERVAL
19. E 9 5 0 1 1 0 CAUSE OF DEA	THE COURT OF THE C	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	/ - //- *	
LEADING TO DEATH (A)IMMEDIATE (CAUSE Barbiturate intoxication	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)	- 6	
(U)	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes
	in or obout 22C. WHERE DID (If in Boltimore City, give exocee bldg., etc.) INJURY OCCUR?	t location)
UNDERLYING ON CONTRIB-	2321 Anoka Avenue	15-05-
22D TIME (Month) (Day) (Year) (Hour) 22E INTIDY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WHILE X Took overdose	
23.	atopsy 🔀 and that an this basis, death in my o	
resulted fram: Natyral causes Accident Suici		
10/00/	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE WALL OF 321 M.E	ASSISTANT MEDICAL EXAMINER	57110 5101112
EXAMINER'S Charles S. Springate, M.D.	ACCOCIATE MEDICAL EXAMINED	ch 13, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town,	or county) (State)
REMOVAL (Specify)	Viel Ot	mil
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	DDRESS /

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VS 150-REV. 1/1/68

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as 86~

69 2816 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 69 2816

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Knawn Month Doy Year Hour
(Type or Print) David Thompson	OF Estimated & 3 15 1969 8:10 PM
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 3 15 1969 8:15 PM
HOSPITAL ADDRESS OR LOCATION)	M.
OR INSTITUTION	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
University Hospital	A. STATE Maryland B. COUNTY /6-06
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARKIED INEVER MARKIED	
WIDOWED BIVORCED	TES ZEL INO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. In Joys Hours Months, Doys Hours Min.	
2-28-1451 18	2907 Arunah Ave.
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
MINNES BORD S.C WHAT COUNTRY?	LEON THOMPSON
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during mast of warking life, even if retired)	Y 15. MOTHER'S MAIDEN NAME HCICE EVANS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((If yes, give wor ar dotes af service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
(165, 110 of dikitowil) (17 yes, give wor of doles di service)	AUCE THOMPSON S/A
19. CAUSE OF DEA	APPROXIMATE INTERVAL
343,71	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Cereb	oral Palsy
LEADING TO DEATH	CAUSE
(This daes not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury ar camplication which caused death.)	
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
Ō	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes ar Na)
DATE OF OFERATION WHICH OPERATION W	
1.10	no
	in ar obout 22C. WHERE DID (If in Boltimore City, give exoct location)
UNDERLYING OR CONTRIB-	te bldg., etc.) INJURY OCCUR?
2 22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY NO.	T WHILE [77]
(APPROX.) m. WORK AT V	WORK L
23.	
I certify that I held on Inquiry Inspection X Au	stapsy and that on this basis, deoth In my opinion
resulted from: Notural couses X Accident Suici	de Homicide Undetermined monner
100	CHIEF MEDICAL EXAMINER
ACTUAL WENTS	DATE SIGNED
SIGNATURE M.I.	March 16,1969
EXAMINER'S Mannor II Spits M. D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Werner U. Spitz, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
REMOVAL 3-18-69 WINNES B	ORD CEMI WINNEBORD S.C
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS AVE
MAR 17 TURD IV A WITH A	
AMOUNTA TOUR OUT OF STANFORM	E.O. WILSON 1000 BRANTLEY
VS 151-REV. 1/1/68	0 0 8 1

LEAN THOMPSON THERE CLAMES Stendards of the Control of the Copy with the same

11	-(0.3)	69 2817 BALTIMORE C	TY HEALTH DEPARTMENT & 24 89 2	817
1.1	75035	BIRTH NO. CERTIFIC	ATE OF DEATH . LET REG. NO.	
	death death ceased on the	1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
		Della Harl	8830 PM 3/15/6	9 4
	a ce Do	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence A. STATE B. COUNTY	before admission)
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 7-0	4
	use; tend	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
	l in a ng cau cause; attend ior to	JOHNS HOPKINS HOSPITAL 33 601 N. BROADWER ST.	BALTIMORE YES N E. STREET AND NUMBER	NO []
	0 + D L d 0	BALTO	. 949 N. Washington St.	
	tribu mine gula gula mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	3 8. DATE OF RIPTH IS AGE III WAS III II I I I	Il Under 24 Hrs. Hours : Min.
	contribetermin	F N WIDOWED DIVORCED	1112-1-1895 73,100	Hours Min.
	dete dete in on	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTION done during most of working life, even if retired)		WHAT COUNTRY?
	deat Und as it e de	RETIRED RETIRED	LAWRENCE DL U.	S
	rect (4) U way	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
7	# # E # E # E	FOSTER BRADFORD	MAGGIE ANDERSON	
AN	the dithe distribution of the death	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRES	S
2	find A Find	250 60 55	18 CHRISTINE BENNETTE Y	A
IMPORT	s ag any ced nda or	18. 410. 01 CAUSE OF DE		IMATE INTERVAL
Σ.	Also, Also, e of noun atter	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	M. 1=17(1)	
_	al at at	IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:	DOXS
OR .	Par de la	injury or complication which caused death.)		
57.0		ANTECEDENT CAUSES	SUD 2	Hre.
M		DISEASES OR CONDITIONS, if any, giving DUE TO, OR rise to the above couse (A) stating the	AS A CONSEQUENCE OF:	
DIRE		UNDERLYING CONDITION last.	elevel Interesson) days
3	medica berns; bysici in was remai	Z OTIES CONTRACTOR II		1
Z	med med bu phy an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 21A ACCIDENT WAS UNDERLYING 12B PLACE OF INJURY (A)	ma, Serzeres	uk
	chief a m Body the p the p ysicia	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDING CAUSES OF DEATH?	ERED
FUNER	2 × m + > 0	WAS FERTOLIVIED		
L	the al by: (2) lere o ph	On contralation of the contral of th	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	cotion)
	>= 5 5 Z =			
•	p at (6)	21D-TIME (Manih) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Not Work	21F. HOW DID INJURY OCCUR?	
		Will all Williams		
_	24 2 2 0	22. I certify that (1)(this hospital) attended the deceased from that (1) (we) lost sow the deceased alive an 3	3/6 1969 10 3/15	1969
	of of of the		19ond that in my (our) opinion deoth occurr	ed on the dote
-	leased to ident of hospital of death)	and hour ond from the couses stoted abave (T) We) (did) (did not)	view the body ofter death. 238, DATE SIGNED	
	3 6	hallrey A Moin UM	ending Med. Stoff of	160
		23C. PHYSI CIAMS NAME (Type)	ys. Director Phys. 23D. ADDRESS	107
	certificate body was r vs: (1) An a vs: (2) An a vs: (3) An a vs: (4) An a vs: (1)	John Mail MA		
	25222	24A. BURIAL CREMATION, 24E DATE 24C. NAME OF CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or equally)	(Stole)
	his certi he body hows: (1, ras D.O., eceased	BURIAL J- M-69 MT HUB	URN BALTO Md	
:	This certible bod shows: (was D.C decase written	25A, DATE REC'D BY HEALTH DEPT, 25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR	ESS At
- 1	- 4 0 2 0 3	VE SED SEV LANGE	E.O. WILSON 1000 BRAN	TLEY
		VS 150-REV. 1/1/68		

My Line Branch Land

VS 151-REV. 1/1/68

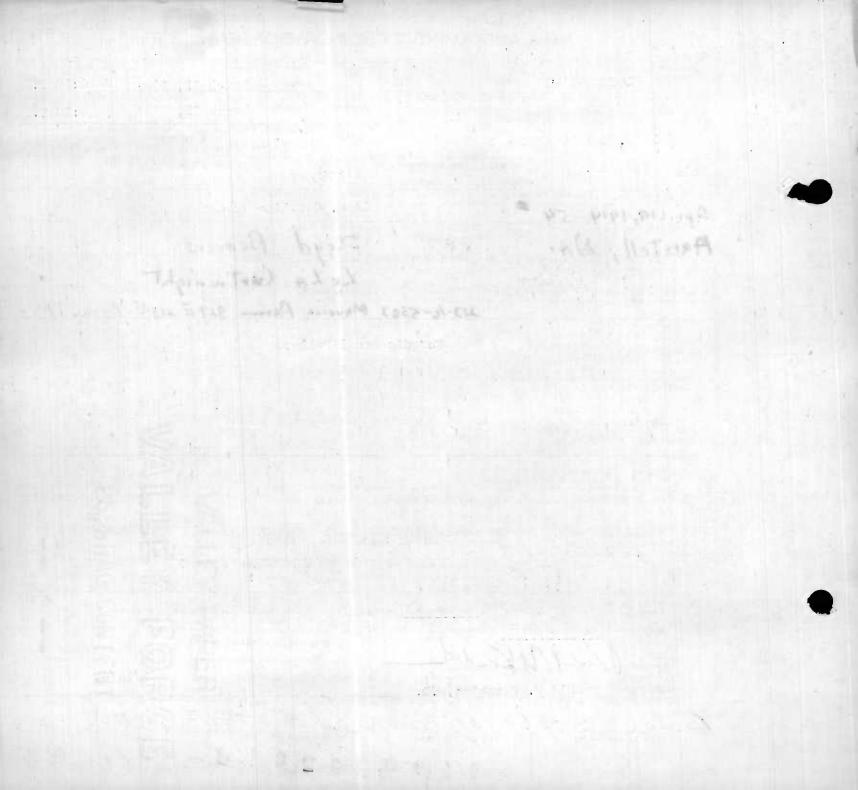
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n	VI.	

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BIR	TH NO.	WEL	JICAL E	XAMINER 5	EKTIFIC	LATE OF	DEAT	H REG. N	0		
	NAME OF DEC	FASED			2. DATE	V [5]	14	D	V	Co	
	e or Print)	Ronald Tull			2. DATE OF DEATH	Known 🔀	Manth 3	1600	1969	4:05	AM _M
4.	PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	3. DATE		Month	Doy	Year	Haur	
HO	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUT	ION, GIVE STREET		NCED DEAD	3	16	1969	4:05	AM M.
UK	3	Johns Hopkin	s Hospi	tal	A STATE	sidence (Where aryland	deceased li	B. COUNT		before admi	ssion)
6.	SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?		
	Male	Colored	WIDOWED		В	altimore			YES X		
9. [ATE OF BIRTH	H 10. AGE (last birthd	In years If U	nder 1 Yr. If Under 24 Hrs. ths Days Haurs Min.		ND NUMBER 18 N.Made	ira St	treet	TES EL	№ Ц	
11.	BIRTHPLACE (S	itate or foreign country)	12	CITIZEN OF	13. FATHER'S						
	BACTO	24		WHAT COUNTRY?	(1	PALTE	e ·	Tuco	-		
		PATION (Give kind of work rorking life, even if retired)		BUSINESS OR INDUSTRY	15. MOTHER	2ATTI	-				
		ED EVER IN U.S. ARME		17. SOCIAL	18. INFORM	ANT			ADDRESS		
(Ye	, na or unknown)	(If yes, give wor or dotes	of service)	SECURITY NO.	M.	ATTIE	100	-614	20 MIL	TON	AVE
	19.	X		CAUSE OF DEA	тн					PPROXIMATE IN	
	(This daes no	E OR CONDITION DIRE LEADING TO DEATH at mean the made of d , asthenia, etc. It means th	ying, e.g.,	(A)IMMEDIATE C		of Head					
CERTIFICATION	RISE TO THE UNDERLYIN OTHER SIGN	DR CONDITIONS, IF AN E ABOVE CAUSE (A) STANG CONDITION LAST. II IIIFICANT CONDITIONS C	ATING THE	(c)	AS A CONSEQ						<u></u>
IFIC		ATH BUT NOT RELATED TO CONDITION GIVEN IN F									
	20A. DATE OF	OPERATION 208. CO	NDITION FOR	WHICH OPERATION WA	AS PERFORM	D			21. AUTO	OPSY? (Yes	ar Na)
MEDICAL	UNDERLYING UTING CA	NAL CAUSE WAS DOR CONTRIB- USE OF DEATH.	ham	PLACE OF INJURY(e.g., e, farm, factory, street, affice street	e bidg., etc.) IN	in front	of 418	N.Mad		/	-05
2	OF INJURY	(Manth) (Day) (Yea		VHILE AT MOT	\AA.111.E	F. HOW DID IN.					
	(APPROX.)	3 16 1969			ORK S	shot duri	ng alt	ercati	lon		_
		ify that I held an	Inquiry 🗌	Inspection Aut	tapsy 🔯	and that an th	nis basis,	death in r	my apinian		
	result	ted from: Natural car	uses P	Suicid		micide X		ned manne	er 🗌		
	ACTUAL SIGNATU		300	W.P	•	TANT MEDICAL E		X	Ma	pate sig	
	NAME (T	ype)	T.	tz, M.D.		CIATE MEDICAL E					
RĘ	MOVAL (Specif	12 3-2	0-69		VARY	CEM		VDEL		Mo	(
25	A. DATE REC'D	BY HEALTH DEPT.	0 0 0	OF REGISTRAR	-	UNERAL DIRECTO		100	ADDRESS OU BRI	INTL	ETVE
VS	151-REV. 1/1/68	A	1,	0 0 0				-111			1

MEDICAL EXAMINER'S CERTIFICATE OF DEATH,

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Knawn Manth Doy Year Hour
(Type or Print) FLOYD BEAVER	OF DEATH Estimoted March 13, 1969 4:10 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD March 13, 1969 4:10 P.M.
00 30 N. Caroline Street	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission) A. STATE MAryland B. COUNTY 3
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
WIDOWED L DIVORCED L	Baltimore YES № NO □
9. DATE OF BIRTH April 19, 1914 10. AGE (In years last birthday) Months, Doys, Hours, Min.	E. STREET AND NUMBER 10 N. Caroline Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME FLOUD BEAUERS
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of warking life, example tired)	Locka Curturalit
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give was arguates af service) SECURITY NO.	Myurice Beams 927 E- 21857 Brown, N.Y.
19. CAUSE OF DEAL	
Chronic	Between onset and Death
LEADING TO DEATH	Renal Failure
(A)IMMEDIATE C	AUSE AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:
LINDERLYING CONDITION LAST	
E II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
Ö	no
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Baltimare City, give exoct location)
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	s bldg., etc.) INJURY OCCUR?
22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT AT W	WHILE CORK
23.	
	tapsy and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suicid	
ACTUAL () 1) 1 / 1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE (Com M.D.	ASSISTANT MEDICAL EXAMINER THAT
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 3/14/69
NAME (Type) Ronald N. Kornblum, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, tawn, or county) (Stote)
Burna 8 3-17-69 MITTIME	may frelle need
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
MAR 1 2 1963 0 0 2 2 32 Cano	Dio Blild - 1- A Mile
	Howard almost on valendally.
VS 151-REV. 1/1/68	



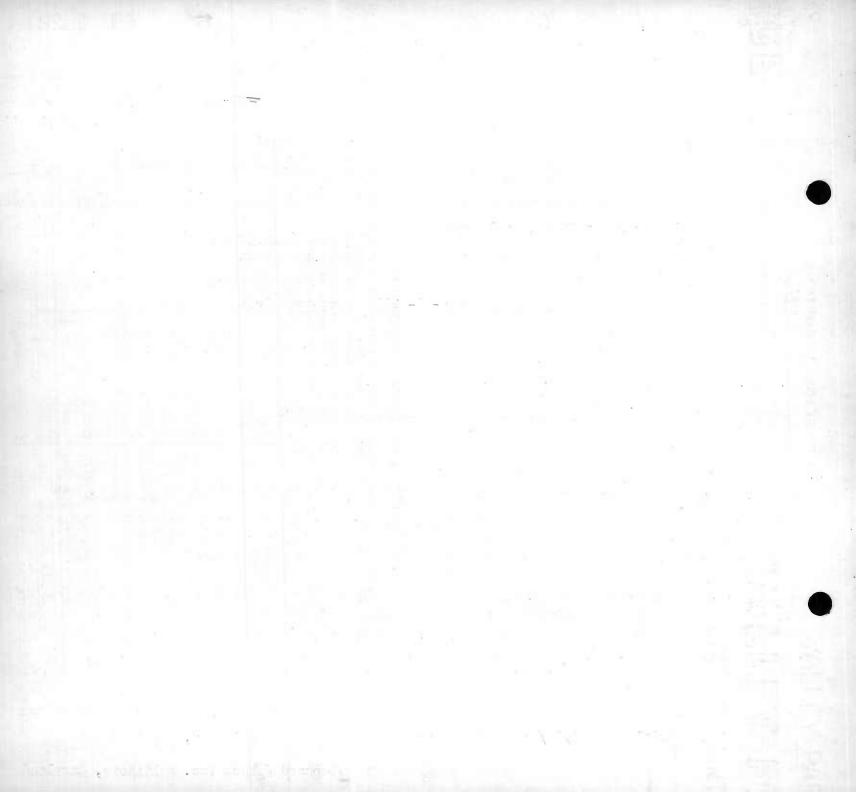
VS 150-REV. 1/1/6B

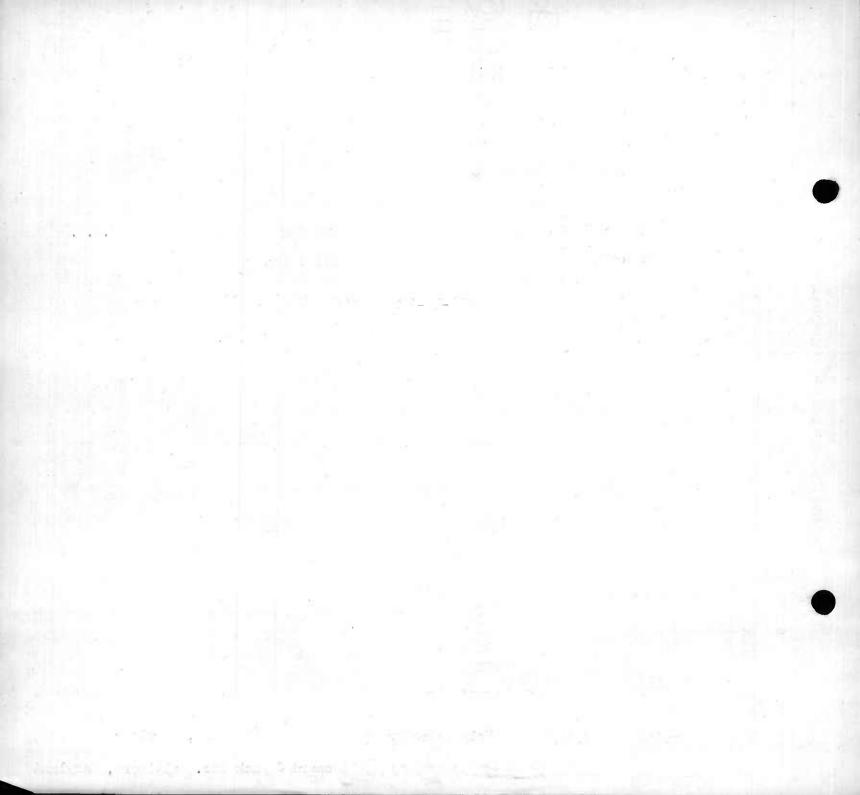
WU	2-(69	282		Y HEALTH DEPARTMEN	12466	LKER, ETHELINE
BIRTH NO.	. 60	701	CERTIFICA	TE OF DEAT	H REG. NO.	15 69 2521
1. NAME OF D (Type or Print)	ETheda,	ineor	Ethel Walk	Er 2. DA1	E AND HOUR OF DEATH	
3. PLACE IN B	ALTIMORE MARYLAND, V		UN CED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If i	institution: residence before admission)
FULL NAME OF	OF (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	MANNA A. C. CITY OR TOWN	4	SIDE CITY LIMITS?
.33				BULLIO	noge	YES NO
The Jo	hns Hopkins	Hospi	tal	E. STREET AND NUMB		ST
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr If Under 24 Hrs.
	I M	WIDOWED		11=15 -33	lost birthdoy	Months Doys Hours Min.
fone during most	CUPATION (Give kind of world of world of working life, even if retired)	108 KIND OF	8USINESS OR INDUSTRY	11. SIRTHPLA CE (Stoto o	foreign countryl	12. CITIZEN OF WHAT COUNTRY
NUNS 13. FATHER'S N	Ses Aid.	Ho.	spital	PONTSMA 14. MOTHER'S MAIDEN	The second secon	USA
Georg	e Bowser			Jaforin	e Bowser	
5. Was Deceas Yas, no or unknow	ed Ever in U. S. Armed For wnl (If yes, give wer ar dete	cos? s of sorvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO			212-26-5273	Yellou	Shect	
	ASE OR CONDITION DI LEADING TO DEATH nat mean the mode of		CAUSE OF DEAT		Acidesis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASES	omplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause IA) NG CONDITION lost.	onv. giving		CAA LIAC A CONSEQUENCE OF: MATIL HE	output In Justase	
TO THE DE	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	E TERMINAL	WHICH OPEN TON	100 1		
ERTIF	WAS PERF	ORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
. OR CONTRI	ENT WAS UNDERLYING DESCRIPTION OF The modical examined	21 B, ham otc.)	PLACE OF INJURY (e.g., ir e, form, foctory, stroot, aff	or obout 21 C. WHERE DI	D (If In Boltimor	re City, give exect location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Not White At Work		INJURY OCCUR?	
	y that (I) (t his hospital			3/10	19 <u>69</u> to	3/11 19 58
that (I) (yes	lost saw the decease	d alive on	3/1/	19 69 and	that in(my) (our) opi	nion death accurred on the date
and hour of	nd from the couses stat	ed above. (I)	(We) (dld) (dld not) vi	ew the bady after dea	th.	
	John A SI	elo 1	M- N- DEGREE Phys.	nding Med.	Stoff Phys	23 B. DATE SIGNED
23C. PHYSICI NAME	John D. Stob	o, MD.	2	The Johns	Hopkins Hos	ni+al
MAA. BURIAL CR	EMATION, 248, DATE		ME of CEMETERY OF CRE			ly, town, or county) (Stotel
Buni	3-15-6 D BY HEALTH DEPT.	9 Mt.	Calvary (enetery	PANE APUNO	4 1 1 1 1
A 24 A	MAR 1 7 1369	11-0-15	The Contract of the second of	Q 1.0 D	04 10. 2	ADDRESS

VS 150-REV. 1/1/68 Ceollick 243

The second secon

		CITY HEALTH DEPARTMENT
	69 2822 CERTIFI	CATE OF DEATH REG. NO. 69 28
i, N	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Ту	pe or Print) Howard F. Juit	Word 14,1969 10:1
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before A, STATE B, COUNTY
FU H (JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	0-00
N	Union Memorial Hosp	
	Maion anemoria.	
	77	4544 N. Charles ST.
5. :	SEX 6. RACE 7. MARRIED NEVER MARRIED	
	WIDOWED DIVORCE	
	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR IND	ISTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHA
	etired Mgr Charleston Hall Apts	m L. U.S.
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William Suit	Baisy Webster
1 5	Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Ye	es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	W. INFORMANT
	No 215-01-22	
	18. CAUSE OF	PEATH APPROXIMAL BETWEEN ONSI
	DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIFIC		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, str.	e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exact location et, office bldg., FNJURY OCCUR?
DIC		21F. HOW DID INJURY OCCUR?
MEDI	OF INJURY (APPROX.) While At No.	White Work
	Work L At	
	22. I certify that (I) (this haspital) attended the deceased fram	
		4 19.69 and that in(my) (our) apinion death accurred
	and haur and from the causes stated above. (I) (We) (did) (dld	ot) view the body ofter death.
	23A. EIGNATURE	23B, DATE SIGNED
	d. O DE End with	Attending Med. Stoff D
	Choose Case Costen DEGRE	Attending Med. Stoff D
	23C. PHYSICIAN'S NAME (Type)	Attending Med. Staff 23B, DATE SIGNED Attending Med. Director Phys. 21B, DATE SIGNED 23B, DATE SIGNED 3 14 6
24/	23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 124B, DATE 24C, NAME of CEMETERY	Attending Med. Staff Phys. 23B. DATE SIGNED 23B. DATE SIGNED 3 14 6
24	23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY	Attending Med. Staff 23B, DATE SIGNED Attending Med. Director Phys. 23B, DATE SIGNED 23D, ADDRESS EGREE 24D, LOCATION (City, town, or county)
	23C.PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, REMOVAL (Specify) Burial 3/17/69 Holy Rosary	Attending Med. Stoff Deptys. 23B. DATE SIGNED 23B. DATE SIGNED 3 14 6 23D. ADDRESS EGREE OF CREMATORY 24D. LOCATION (City. town, or county) Baltimore, Maryland
	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 3/17/69 A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Attending Med. Director Phys. 23B. DATE SIGNED 23D. ADDRESS 23D. ADDRESS 24D. LOCATION (City, town, or county) Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS
25,	23C.PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, REMOVAL (Specify) Burial 3/17/69 Holy Rosary	Attending Med. Stoff Deptys. 23B. DATE SIGNED 23B. DATE SIGNED 3 14 6 23D. ADDRESS EGREE OF CREMATORY 24D. LOCATION (City. town, or county) Baltimore, Maryland

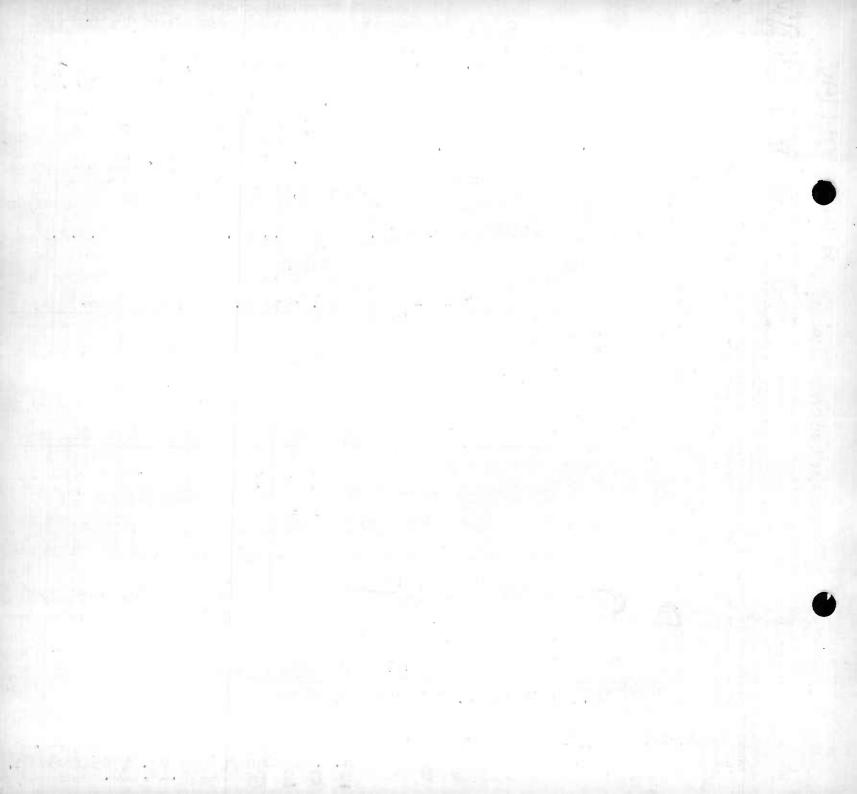




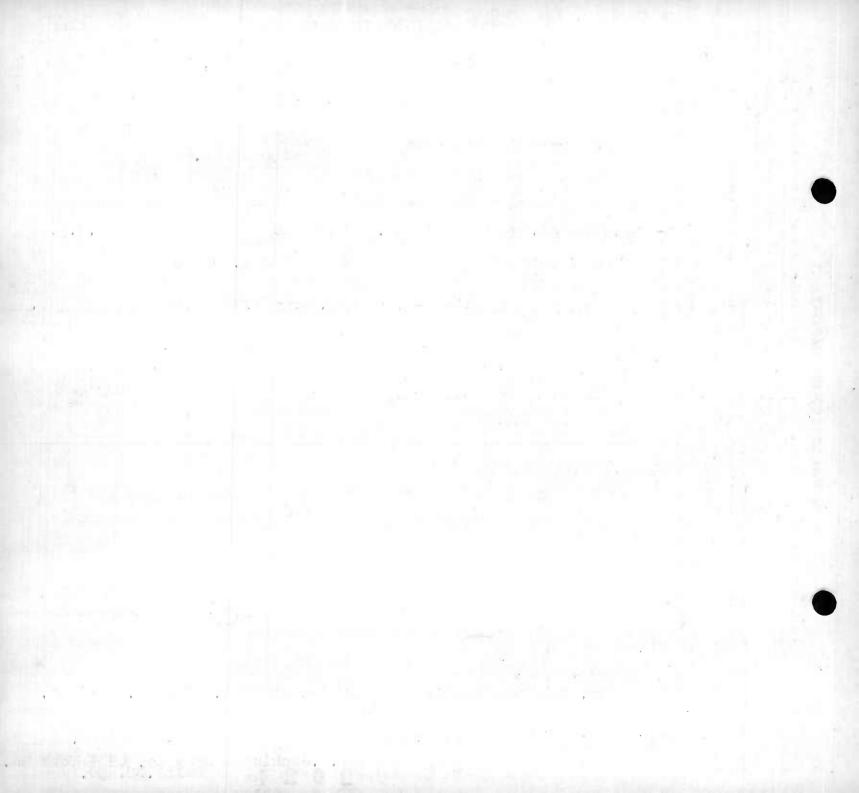
VS 150-REV. 1/1/6B

Condiscasculas collegue Santra Madrand blading Proumonity Freuenco dy 3/2/8 fee for Les . m.o 3/11/8 Moran Hospital

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT



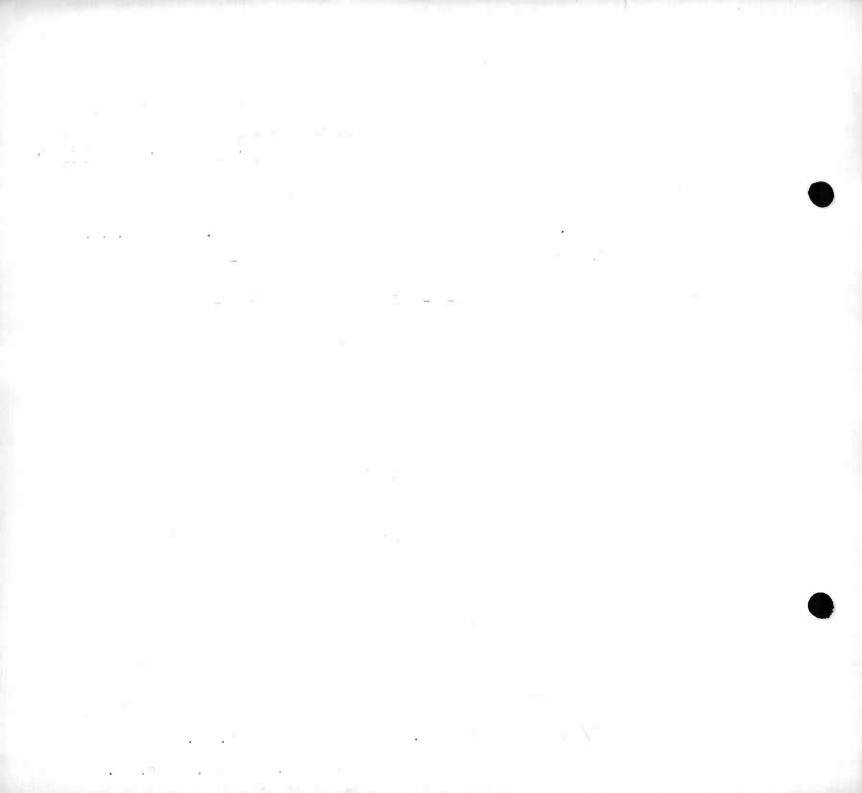
4LM		1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.	written approval must be obtained before the remains are embalmed or final disposition is made.

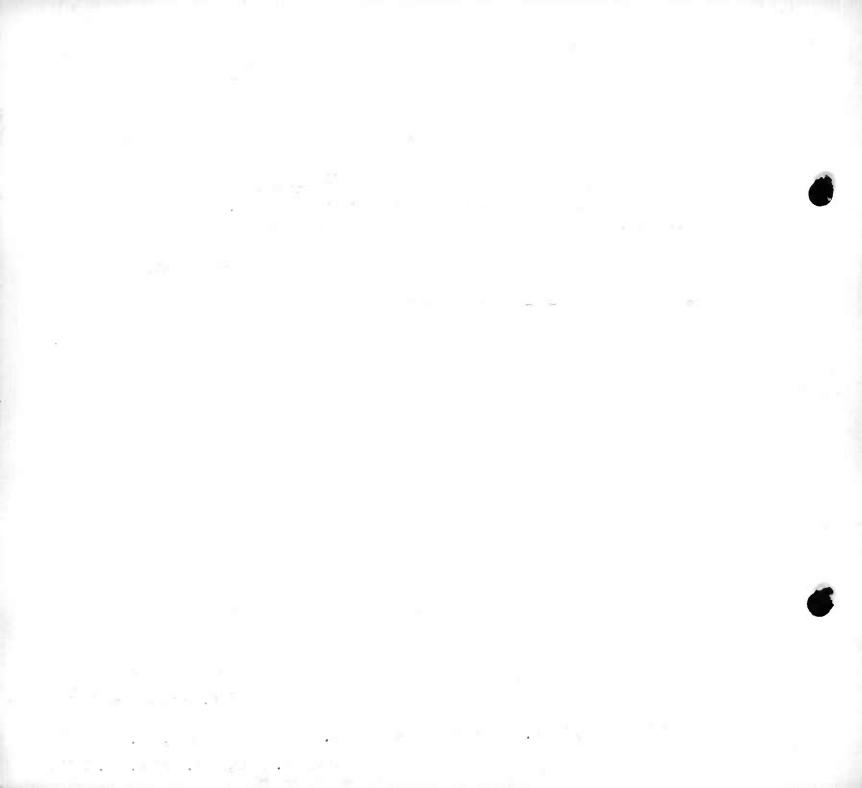
	69 2327 CEPTIE	RE CITY HEALTH DEPARTMENT FICATE OF DEATH REG. NO. 69 2827
1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	7/17/07
- 11	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	HO ST AGNES HOSPITAL	E. STREET AND NUMBER 4501 OLD FREDERICK RD CHURCH WOMEN
	FEMALE WHITE NEVER MARRIED NEVER MARRIED DIVORCE	ED 6 16 85 last birthday) Months Days Hours Min
	A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INC. A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INC. S CHOOL	DUSTRY 11. BIRTHPLACE (State or foreign country) MARYLAND USA
	ALEXANDER JOHNSON	14. MOTHER'S MAIDEN NAME FITCHENAR
1.5 (Y	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 1. SECURITY NO. 2. 2. 0. 2. 4.4.	17. INFORMANT 15270 STAGNES HOSPITAL BECORDS WILKENS
MEDICAL CERTIFICATION	injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OP OPERATION 19B. CONDITION FOR WHICH OPERATION WAS REREFORMED TO THE CONTRIBUTION CONTRIBUTING TO THE CONTRIBUTION CONTRI	There's ever for that disease, OR AS A CONSEQUENCE OF: There's ever for that disease, OR AS A CONSEQUENCE OF: There's ever for the disease of the control of the contro
W	Wark At	of While
	22. I certify that (M (this hospital) attended the deceased from that (W (we) last saw the deceased alive an 3/13/	
	and haur and from the causes stated above (1) (We) (41d) (41d)	The d
	23G. PHYSICIAN'S NAME (Type) HERMENEGILDO ISIDRO	Attending Med. Director Phys. Wurch 13, 196 23D. ADDRESS STAGNES HOSP. BALTO MD 21229
24	REMOVAL ISpecify) 248. DATE 24C. NAME of CEMETERY	DEGREE
25	Burial 3/15/1969 Loudon Para Date REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	rk Baltimore Md. 25C. FUNERAL DIRECTOR ADDRESS H.W. Jenkins & Sons Co. 4905 York Ro
VS	150-REV. 1/1/68	Baltol2, Md.

BALTIMORE CITY HEALTH DEPARTMENT

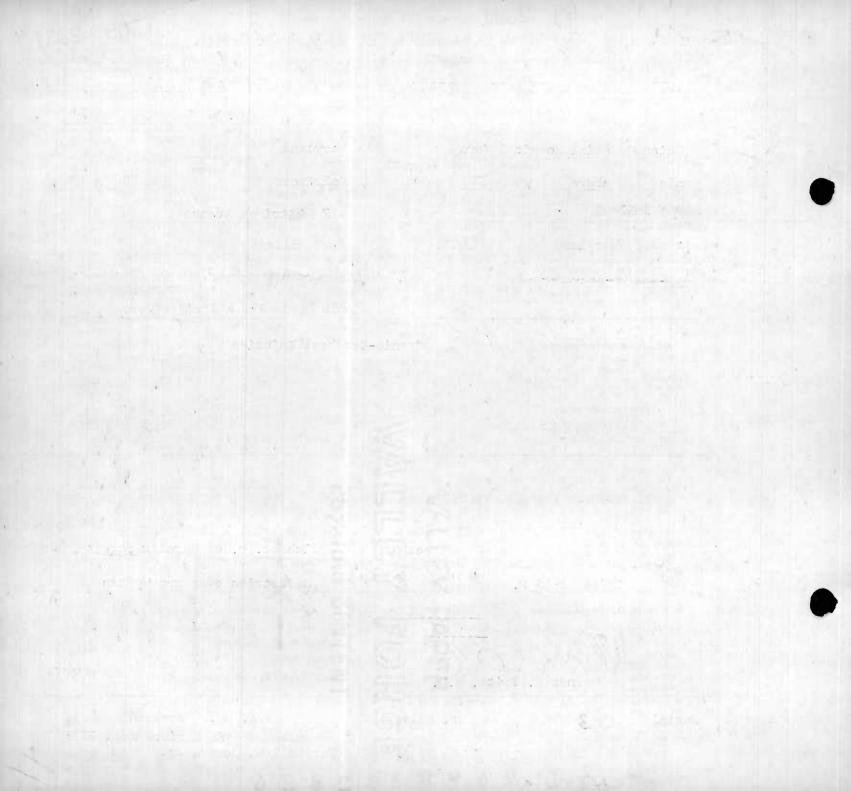
3/19/67 43.0 H Charles St. warren it have be

E.	-(05)	69 2829 BALTIMORE CITY HEALTH DEPARTMENT
	D-D o-E	BIRTH NO. CERTIFICATE OF DEATH X REG. NO. 69 2829
	deatlease	I. NAME OF DECEASED
	de de con	Mr John J. Franz Mar. 15. 1969 1000 D
	pital and of death Deceased ce on the ath. Such	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissing the state of the sta
	S = (S)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION CIVE STREET
	d all	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?
	fin a ng cau cause; attend ior to	
	ting d cau r att prior e.	South Ballimore General Hospital. BUSSE Fallston YES NO IN E. STREET AND NUMBER Rt. 2 Box 70D. Fallsmont Dr.
	0	
	contribut contribut etermined n regular ecased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 19. AGE (In years 11 Under 1 Yr. 11 Under 24 H
	occur ontrik ermin regul eased is ma	WIDOWED DIVORCED 9-9-1891 Nonth Doys Hours Min.
	ter resident	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT
	B - D - 70.2	Pipe Fitter Ret. Battimore Md. U.S.A.
		13. FATHER'S NAME
	rect (4) U wa the ispos	Joseph B. Franz Minnie
Ξ		15. Was Deceased Fuer In 11 S Arred Faces 2 114 Could 12 1100
A	0 2 5 -	15. Was Deceased Ever In U. S. Armed Forces? (Tes, no of unknown) (If yes, give wor or doles of service) 10. SOCIAL SECURITY NO. 25. DO 15.87 Vincinia Hilbingon come
R	SE 축구 PE	no 215-09-4581 Virginia Hilbinger-same
IMPORTAN	r or his as Also, if ure of any onounced r attenda	18. CAUSE OF DEATH APPROXIMATE INTERVAL
3	E 0 4 5 6 5	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH BETWEEN ONSET AND DEATH
	er. Als cture o pronou ar att	IThis does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
ä	ner er. ord pro lar	heart laiture, osthenia, etc. It means the disease, injury or complication which caused death.)
OR	= c 0 " 5 E	ANTECEDENT CAUSES
5	xam cami A fr who reg	(B) Theroseprote went Disease
M	0 0 0 0	Inse to the above cause (A) stoling the
DIRE	5 0 E	UNDERLYING CONDITION last. (C)
	dical dical rrns; rsicia was main	z
A	W U 7 3	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
2	Ci D C	DISEASE OR CONDITION GIVEN IN PART 1 (A). 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
UNER	by a me by a me 2) Body bi re the phy physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	the cal by all by ere to phy efore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF home, form, foctory, sireet, office bidg., INJURY OCCUR?
_	キョンカーカー	DEATH (notify medical examiner) Death
	hospital nature;: ept whe d (6) No	Q 21D. TIME (Month) (Dec) (York (Houd OLE INTUSY OCCUPY)
	B - 0 11	While At Not While M
	0 0 0 = 5	
	G+ 50 . 0	22. I certify that (I) (this hospital) attended the deceased from May 19 69 to May. It 19 6
		that (1) (we) last saw the deceased alive on Mar. 15 1969, and that in (my) (our) opinion deoth occurred on the
	ased to dent of spital death) nust be	and have and from the causes stated obave. (1) (We) (did) (did not) view the body ofter deoth.
	ust be a based to dent of lospital death) must be	23A. SIGNATURE 23B. DATE SIGNED
		Attending Med. Staff Director Phys.
	ate at a rov	23 C. PHYSICIAN'S NAME (Type)
	y was rely y was rely 1) An acci).A. at a b d prior to approval	Consid T. Issi M.D. Tarthe Rolling Grand Host
	TACOS S	24A. BURIAL CREMATION, 24B. DATE 24C. NAME & CEMETERY OF CREMATORY 24D. LOCATION (City, town, or count)) (Stote)
	certification of the color of t	Burial 3/19/69 Parkwood Cem. Balto. Md.
	This certif the body shows: (1) was D.O./ deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	まれるぎるぎ	Leonard J. Ruck Inc. Balto. Md.
		VS 150-REV. 1/1/68





BIRTH NO. 6	3-120	MED	ICAL	EXAM	MINER'S	CERTIFI	CATE	OF DEAT	TH REG. NO	69	58	31
1. NAME OF DEC		WY				2. DATE	Knawn [Month	Doy	Year	Hour	
(Type or Print)	LAJED					OF				969		P. M
LOUIS	EXAND		ULLENS	DEATH	Estimated					F.M		
4. PLACE IN BALT						3. DATE	UNCED DEAL	Month	Day	Year	Haur	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)								March	,	1969		P. M
OR INSTITUTION							ESIDENCE (Where deceased		on: residence	befare admi	ssion)
Union	Memori	ial Hos	pital	(DOA)		A. STATE Ma	ryland		B. COUNTY	/	2-0	13
6. SEX	7. RACE		8. MARRIE	ED NEV	ER MARRIED	C. CITY OF	TOWN		D. INSIDE C	CITY LIMITS?		
male	nes	ro	WIDOWI	ED 🗌	DIVORCED	Ва	ltimore		,	YES 🔀	NO 🗆	
9. DATE OF BIRTH		10. AGE (In	years	If Under 1 Y	r. If Under 24 Hrs.	E. STREET	AND NUMBE	R				
5-	-17-63	last birthdo	"	Manins Day	s Hours Min.	42	7 Whitr	idge Ave	nue			
11. BIRTHPLACE (SI	tate or forei	an country)	1	2. CITIZEN	I OF	13. FATHER		Tage Ave	-1140			
					A. A.							
Baltimore			AR VIND				ed Mull			12 12 2		
dane during mast of w			IND. KIIND	OF BUSINE	:33 OK 114DU31K			IAMME				
							Green			3 - 10		
16. WAS DECEASE (Yes, na ar unknown)	D EVER IN	U.S. ARMED	FORCES?	17. SC	CURITY NO.	18. INFOR	MANT		,	ADDRESS		
no	(11) 63, 9110	war or dates	ar service,	none		Mami	e Lewis	427 Whi	tridge	Ave. 2	1218	
19.	11 979				CAUSE OF DEA	TH					PPROXIMATE I	
San B	1.1					1	1			BEIV	WEEN ONSET	AND DEAT
	E OR COND	DEATH	CTLY		Crani	o-Geren	ral Inj	uries				
(This does no			ing e.g		(A)IMMEDIATE	AUSE	WENGE OF					
heort failure,	asthenio, etc	. It meons the	diseose,		DUE TO, OK	AS A CONSEC	QUENCE OF:					
DISEASES O RISE TO THE UNDERLYIN	ABOVE CA	ONS, IF ANY			(B)	AS A CONSE	QUENCE OF:	•				
O THE DEA	TH BUT NO	NDITIONS CO TRELATED TO GIVEN IN PA	THE TERMIN									
20A. DATE OF				OR WHICH	OPERATION W	AS PERFORM	MED			21. AUTO	OPSY? (Yes	ar Na)
₹ 22A. EXTERN	IAL CALICE	MAG	lo	OR DIAGE	OF INTURY!		OOC MULEDE	DID (V) D IV		11 11 1	No	
UNDERLYING		ITRIB-	h	ame, farm, f	OF INJURY(e.g., factory, street, affic street	e bldg., etc.)	NJURY OCCI	JR?	f Barcla	y Stre	eet /2	1-0.
≥ 22D. TIME (Month) (I	Day) (Year) (Hour)	22E.INJ	JRY OCCURRED	Marie I	22F. HOW DI	D INJURY OCC	CUR?			
	3/14/6	9 5:25	5 P. r	m. WHILE AT	NOT AT V	WHILE X	Pedes	strian o	ver run	by tru	ıck	
23.				1 .								
	-	eld an I			ection X Au			an this basis				
result	ed from: h	laturol cou	ses 🗌	Acciden	Sulci	de 🔲 H	omicide 🗌	Undeterm	ined manner			
	11111		, C		1			CAL EXAMINER				
ACTUAL	INVI	MX	0 /	DY		ASS	ISTANT MEDI	CAL EXAMINER	X		DATE SIG	NED
SIGNATU		100	4		M.C	Ο,					3/15	160
NAME (T	ype) W	erner 1	J. Spi					CAL EXAMINER				0 9
24A. BURIAL CREM		24B. DATE		24C. NAN	AE of CEMETERY	ar CREMATO		24D. LOCATION		wn, ar county	(St	ate)
REMOVAL (Specific Burlal	y) .	3=18=6	9	Mt	. Calvar	у		A.A. Co.	, Maryl	and		
25A. DATE REC'D	BY HEALTH	DEPT.	25B. NA	ME OF RE	GISTRAR	25C.	FUNERAL DI	RECTOR 1735	Harfor	ADDARSE.	21213	5
100.6	W L7	1558	10 6	0.2	TO D. M.S.			W. Jone				



69	COG BALTIMORE CITY HEALTH DEPARTMENT
MEDI	CAL EXAMINED'S CEPTIFICATE OF DEATH

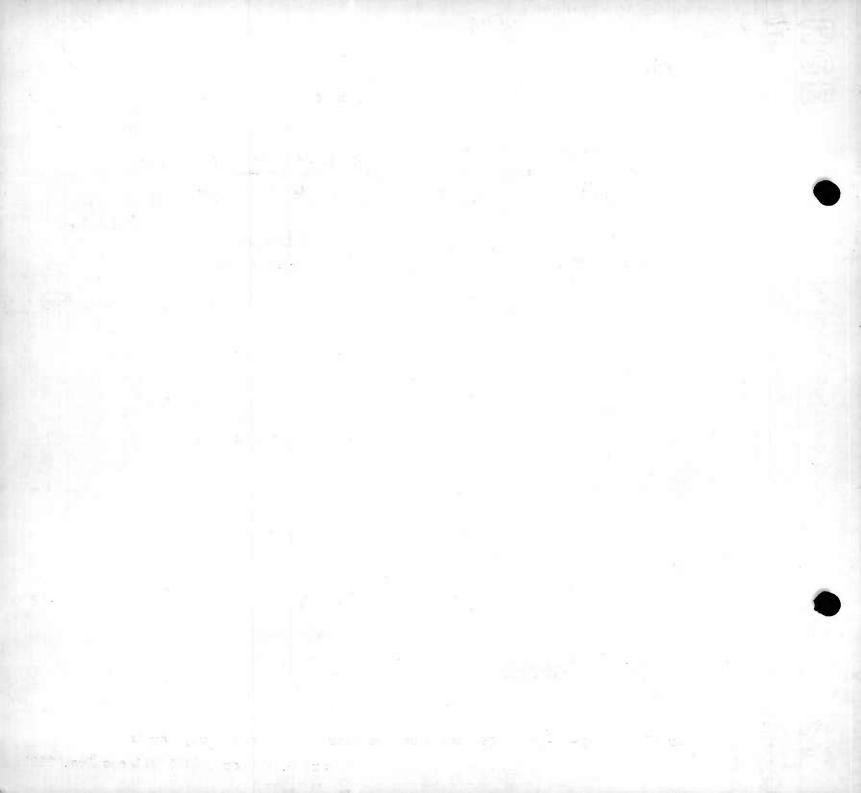
	69	2832
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BIRTH NO.		MILU	ICAL	EXAMINER 3	CLKIIII	CAIL	JI DLA	REG. NO	·	
1. NAME OF DEC	EASED				2. DATE	Knawn	Manth	Day	Yea	Haur Haur
(Type ar Print)	DAV	MOND	THANKS	I Vanna	OF DEATH	Estimated		11	60	0.05 M
4. PLACE IN BAL			HANNON HERE PRO	NOUNCED DEAD	3. DATE		Manth	Day	69 Yes	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						UNCED DEAL		11	1969	8:25 PM
										ice befare admission)
		77		1 0 0 4	A. STATE	Man-1an	d	B. COUNTY		4-01
6. SEX	7. RACE	ercy H	10-	D.O.A.	C. CITY O	Marylan RIOWN	u	D. INSIDE	CITY LIMIT	'S?
				_						
Male 9. DATE OF BIRT	White	10. AGE (Ir	WIDOWE	D DIVORCED Under 1 Yr. If Under 24 Hrs.	Bal	AND NUMBE	n		YES 📗	NO L
Aug. 8,190		last birthda	V) AI N	lanths Days Haurs Min.			. Baltin	ore St.		
11. BIRTHPLACE				. CITIZEN OF	13. FATHE		· Darein	DIC DE		
We	est Vira	rinia		WHAT COUNTRY?		Unknow	un			
MALISHAL OCCU	PATION GIVE	kind of work	14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN	NAME			
dane during mast of v	er Stee	unlitt	en			Unkne	own			
16. WAS DECEAS	ED EVER IN U	J.S. ARMED	FORCES?	17. SOCIAL	IB. INFOR				ADDRESS	
(Yes, Gorynknawn)	(If yes, give w	WIT'	at service)	213-07-5485	Mrs.	Marian	Hannan .	- 2834 1	Kentu	cku Ave.
19.	1.0			CAUSE OF DEA	TH				8	APPROXIMATE INTERVAL
DISEAS	E OR CONDI	TION DIPE	CTIV							
	LEADING TO		CILI	DAMEDIATE	CALISE	Cin	rhosis c	f liver		
(This does n	at mean the	made of dy	ing, e.g.,	(A) IMMEDIATE O	AS A CONSE		1110313 (I IVEL		
	, asthenia, etc. nplication whic			20210,011						
,,	parenta and		,							
AI	NTECEDENT	CAUSES		(B)						
DISEASES	OR CONDITIO	ONS, IF ANY	, GIVING	DUE TO, OR	AS A CONS	EQUENCE OF:				
UNDERLYIN	E ABOVE CAU	ON LAST	TING THE							
Z		OIT LAUI.		(c)						
1		II .								
OTHER SIGN	NIFICANT CON	RELATED TO	ONTRIBUTING THE TERMIN	NG Al						
E DISEASE OF	CONDITION	GIVEN IN PA	ART 1 (A).							
20A. DATE OF	OPERATION	20B. CO	NDITION FO	OR WHICH OPERATION W	AS PERFOR	MED			27. AL	JTOPSY? (Yes ar Na)
Ö										MES
Z2A. EXTER	NAL CAUSE	WAS	22	B. PLACE OF INJURY (e.g.,	in ar about	22C. WHERE	DID (If in Baltim	are City, give e	exact lacation	
	OR CONT		h	ame, farm, factory, street, offic	ce bldg., etc.)	INJURY OCC	UR? `			
22D. TIME	USE OF DEA	TH. ay) (Year	·) (Haur)	22E.INJURY OCCURRED	-	22E HOW DI	D INJURY OC	CLIDS		
OF INJURY	(Monin) (D	dy) (lear) (Haur)		WHILE C	ZZI. HOW DI	D INJORT OC	CORP		
(APPROX.)			n		WORK					
23.										
I cert	ify that I he	eld on 1	nquiry 🔲	Inspection Au	itapsy XX	and that	an this basis	, death in m	y apinia	n
resul	ted from: No	atural cau	ses XX	Accident Suici	de H	lamicide 🔲	Undeterm	ined manner		
	-			1			CAL EXAMINER			
ACTUAL	\$11	. 0	1	141						DATE SIGNED
SIGNAT		2		M.I.	D. ASS	ISTANT MEDI	CAL EXAMINER	lxk		
EXAMIN					ASS	OCIATE MEDI	CAL EXAMINER			
NAME (1	ype)	Edwar	d F. I	Wilson, M.D.					3/	12/69
24A. BURIAL CRE	MATION. 2	4B. DATE		24C. NAME of CEMETERY			24D. LOCATIO		wn, ar cau	inty) (State)
REMOVAL (Special	(v)	2 11.	0	0 11. 44		_	6	Paltiman	o M -	uland
		3-14-6	7	Baltimore N:	tional	emeter	4	WWW.	الم الم	youna
25A. DATE REC'D		7	25B. NA	ME OF REGISTRAR	25C.	FUNERAL DI	RECTOR	-	ADDRESS	
148	198 8	1000	Book	MA CONTRACT	10	nn (. 1	iller In	rc-6415	Belai	yland n Road-2120
			1 0	1 0 0			615			
VS 151-REV. 1/1/61	A.		1 1	0 7 11	0 0	11 (3)	1			

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	69 2833 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 2833
, ,,,	CERTIFICATE OF DEATH
	RTH NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	ype or Print) MARIE DERR 3/11/69 1158
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whole deceased lived. If institution: residence before admissing A, STATE B, COUNTY
FU	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND 13-02
IN	ISTITUTION DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE
1	F STREET AND NUMBER
1	BALTIMORE MY ZIZIT #
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED 10-3-92 19. AGE (In years tost birthday) Nonths Doys Hours Min.
	WIDOWED DIVORCED 76
	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT in a during most of working life, even it retired)
201	Housewife None. Keyser, H.VA. M.S.A.
13.	FATHER'S NAME
	7. g. Crooks EMMA CArroll
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
(Ye	es, no or unknown) (If yes, give wor or dates of service) 5ECURITY NO.
	No None. 213-05-8871 Mr. Wm. P. Cracks N.Y. N.Y.
	CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	DISEASE OR CONDITION DIRECTLY
	(A) IMMEDIATE CAUSE) IA BETEL MECCITUS WITH
	heart failure, astherio, etc. It means the disease,
	ANTECEDENT CAUSES (B) KETOTIC COMA
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise to the obove couse (A) stoling the UNDERLYING CONDITION last. (C)
	II PVV
Z	100000000000000000000000000000000000000
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL (DISEASE OR CONDITION GIVEN IN PART 1 (A).
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERT	
CE	On CONTRACT OF THE CONTRACT OF
CAL	(DEATH (notify medical examiner) etc.)
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
2	OF INJURY (APPROX.) While At Work At Work
	7/1 (8 3/1) (9
	The state of the s
	that (I) (we) last sow the deceased alive on 3/1/19 ond that in (my) (out) opinion death occurred on the d
	and hour and from the causes stoted above; (1) (Me) (did) (dtd not) view the bady ofter deoth.
	23A. SIGNATURE 23B. DATE SIGNED
	Norman Cosan Moderate Attending Med. Director Phys. 3-11-67
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	NORMAN D. 1003 CALLOS SINDI ROSPITAL - (3 RITO & 1011)
24	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or coonty) (5tote
	REMOVAL (Specify)
1	BUNIAL 3/14/69 BAZWORE NATIONAL BALLO, Md.
25.	SA. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	Uma g. Ticknew & Sono luc. Ballo, me
VS	5 150-REV. 1/1/6B

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			69	28	35 ₺	ALTIMORE CITY HE	ALTH DEPA	RTMENT	X				
			ME	DICA	L EX	AMINER'S	CERTIFI	CATE C	F DEATH	۱ ۱	69	28	35
BIR	TH NO.									REG. NO)		
	VAME OF DEC	CEASED					2. DATE	Known X	Month	Doy	Yeor	Hour	
(1At	BILLI	E	P. HA	YES	XXX	XX	OF DEATH	Estimoted					M.
4.	PLACE IN BAL				RONOU	NCED DEAD	3. DATE		Month	Doy	Yeor	Hour	771.
	L NAME OF	(IF I	NOT IN HOSP	TAL OR INS	OITUTITE	, GIVE STREET	PRONO	UNCED DEAD	March	14.	1969	8:25	P
	SPITAL INSTITUTION	AUL	RESS OR LOC	LATION)			5. USUAL R	ESIDENCE (W	here deceosed liv	,			TV1.
0				4			A. STATE			B. COUNTY			2
6. 5		Ignes 7. RACE	Hospit				C. CITY OR	ryland		D. INICIDE	CITY LIMITS?	more)	2
0)EA	7. RACE			-	NEVER MARRIED		sville N	lanor				
	female		hite		WED 📙	DIVORCED L	X		€ X		YES X	NO 🗌	
	DATE OF BIRT		10. AGE lost birtho		If Unde	r 1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET	AND NUMBER					
Au	gust 10	,1921	4	. ,			1	135 Bak	er Avenu	е			
11.	BIRTHPLACE (S	tote or for	reign country))		IZEN OF	13. FATHER						
	North C	aroli	na		WE	U.S.A.		Oscar	Gerry				
14A	USUAL OCCU	PATION (Give kind of wor	rk 148. KIN		SINESS OR INDUSTR							
done	during most of a	vorking lile	, even if retired	1)									
	WAS DECEAS				co 11	7. SOCIAL	18. INFOR	Vinnie_	(Unkno		ADDRESS		2120
	, no or unknown					SECURITY NO.			77				2120
								ichard (G. Hayes,	1135			
	19.	. 9	1			CAUSE OF DEA	TH					PPROXIMATE IN VEEN ONSET AT	
	DISEAS	E OR COL	NDITION DIR	ECTLY		Chontar	10011C C	robral	Hemorrha	0.0			
			TO DEATH			(A)IMMEDIATE		reprar	Hemor I na	ge			
	(This does n	ot meon t	he mode of a	dying, e.g.,			AS A CONSEC	UENCE OF:					
			which coused d								100		
		UTECEDE	IT CALLERS										
			NT CAUSES ITIONS, IF AI	NY GIVINO	3	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO TH	E ABOVE	CAUSE (A) ST	TATING THE	E			a o E i i de l'					
Z	UNDERLYIN	NG CONL	DITION LÁST.			(c)						******	
ERTIFICATION			Ш										
δ	OTHER SIGN	IFICANT C	ONDITIONS OF RELATED T	CONTRIBL	JTING								
Ī			N GIVEN IN										
ERI	20A. DATE OF	PERATI	ON 20B. CO	ONDITION	FORW	HICH OPERATION W	AS PERFORM	\ED		J. Wh	21. AUTC	PSY? (Yes o	r No)
O	2											Yes	3
×	22A. EXTER			- 10	228. PL	ACE OF INJURY (e.g.,	in or obout 2	2C. WHERE D	ID (If In Boltimore	City, give e	exoct locotion)		
20	UNDERLYING				home, fo	orm, foctory, street, offic	e bldg., etc.)	NJURY OCCUI	R?				
ME	UTING CA			eor) (Hou	122F	INJURY OCCURRED	2	2F HOW DID	INJURY OCCU	P2			
	OF INJURY	((50)) (10	.01) (1101	1		WHILE		HOOKI OCCO	K1			
	(APPROX.)				m. WO		VORK						
	23.		1.0			nspection Au	. 📆	1.0		1			
									n this basis,				
	resul	ted from:	Noturol co	uses X	Acc	ident Suici	de 📙 Ho	omicide 🔲	Undetermin	ed manner			
		1100	1	1	7	1		CHIEF MEDICA	AL EXAMINER			DATE SIGN	JED
	SIGNAT	1011	YWY/	1	/ /	M.E	ASSI	STANT MEDIC	AL EXAMINER	X		DATE SIGN	150
	EXAMIN		Wern	er U.	Spit			CIATE MEDICA	AL EXAMINER			3/15/6	9
	NAME (1		,, - 2 11		a-		7330			1075		, 20, 0	
24	A. BURIAL CRE		248. DATE		24C.	NAME of CEMETERY	or CREMATO	DRY 2	4D. LOCATION	(City, to	wn, or county) (Stot	re)
RE	MOVAL (Speci	fy)											

Burial 3-1
25A. DATE REC'D BY HEALTH DEPT.

3-18-1969

Loudon Park Cemetery

25B. NAME OF REGISTRAR

Howard H. Hubbard, 4107 Wilkens Ave. 21229

Baltimore, Maryland
25C. FUNERAL DIRECTOR ADDRESS

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IMPORTANT

DIRECTOR:

FUNERAL

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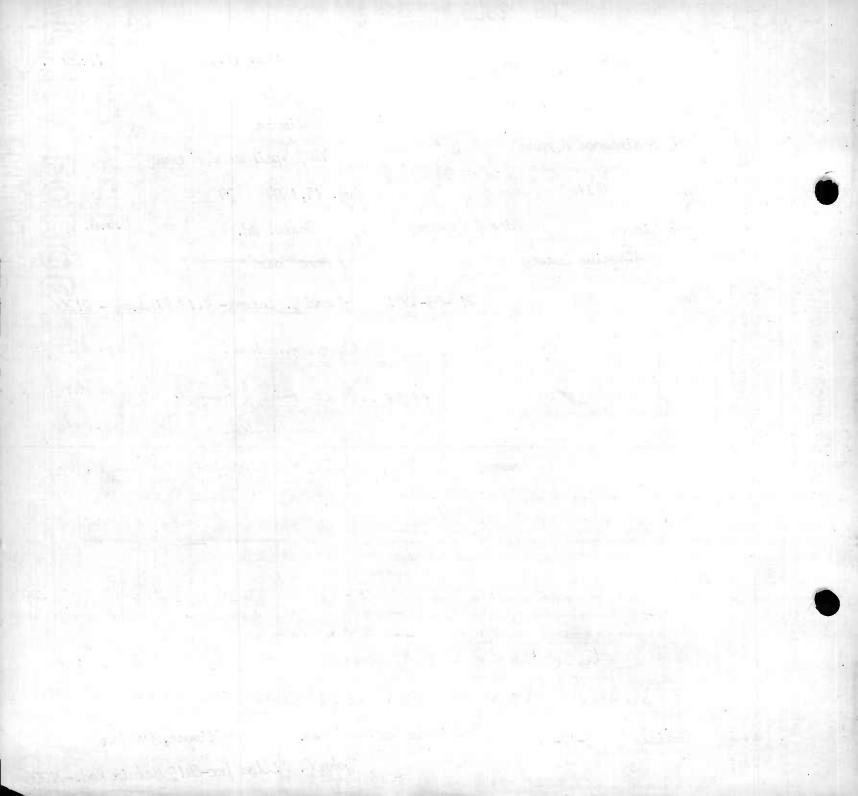
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AM UNISURE ALL.

MEDICAL E	XAMINER'S		69 2837
I. NAME OF DECEASED (Type or Print) JAMES MC KELDI	N	2. DATE Known Month Doy	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONG		3. DATE Month Day PRONOUNCED DEAD March 13, 1969	Year Hour 12:00 P _M
OR INSTITUTION 712 Cathedral St. (Alcazar	Hotel)	5. USUAL RESIDENCE (Where deceosed lived. If Institution: re A. STATE Maryland B. COUNTY	
6. SEX 7. RACE B. MARRIED WIDOWED WIDOWED	NEVER MARRIED DIVORCED	C. CITY OR TOWN Baltimore D. INSIDE CITY YES	
July 15, 1907 lost birthdoy) 62-61 11. BIRTHPLACE (Stote or foreign country) 12. (nder 1 Yr. If Under 24 Hrs. this; Days; Hours; Min. this; Days; Hours; Min. this; Days; Hours; Min. this; Days; Hours; Min. this; Hours; Hours; Min.	712 Cathedral St. (Alca: 13. FATHER'S NAME Su: John McKeldin	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF done during most of working life, even if retired) (ab Driver (ab)	Company	Anna Bowen	
(Yes, no or unknown) (If yes, give war or doles of service)	17. SOCIAL SECURITY NO.	Marie McKeldin - 6605 Belain	Rd21206
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(8)	CAUSE Gunshot wound of head AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR		AC DED COLUED	AUTORSIO (Vocasalia)
			Yes Yes
UNDERLYING [XOR CONTRIB- UTING [CAUSE OF DEATH.] 22D. TIME (Manth) (Day) (Yeor) (Haur) (APPROX.) 3-12-69 or (APPROX.) 3-13-69 m.	Hotel 2E. INJURY OCCURRED WHILE AT NOT	in or about 22C. WHERE DID (If in Boltimare City, give exact leading, etc.) INJURY OCCUR? 712 Cathedral St Alcase 22F. HOWDID INJURY OCCUR? WHILE X Shot self	
I certify that I held an Inquiry resulted fram: Natural causes A ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Spri	ccident Suicio	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED 13, 1969
Durial		Faith (emetery Baltimore, M	aryland
25A. DATE REC D'BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	John C. Miller Inc-6415 Be	

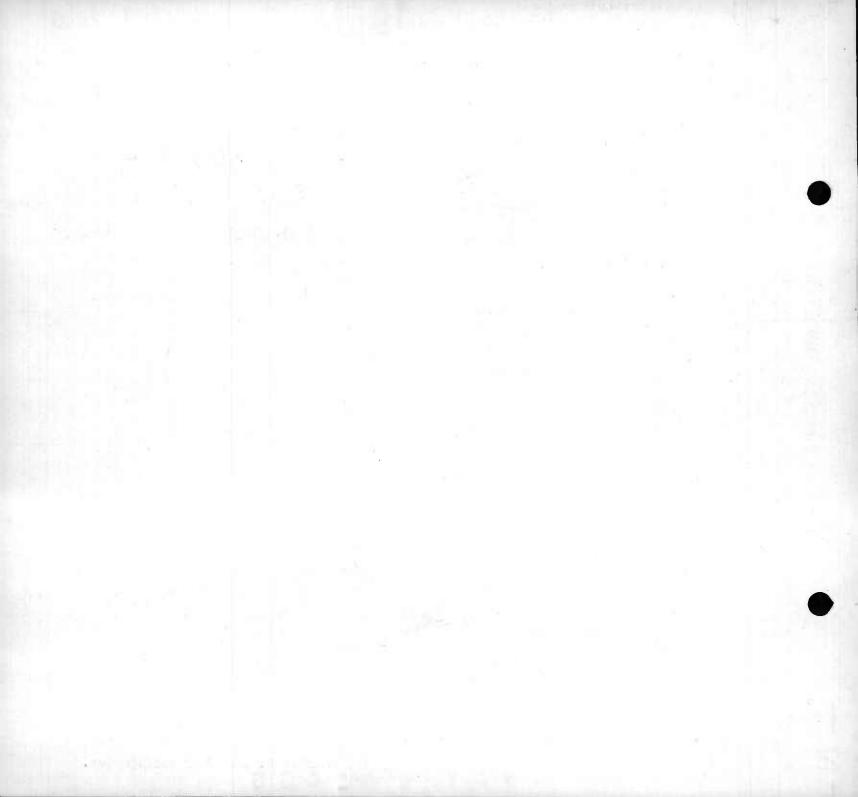
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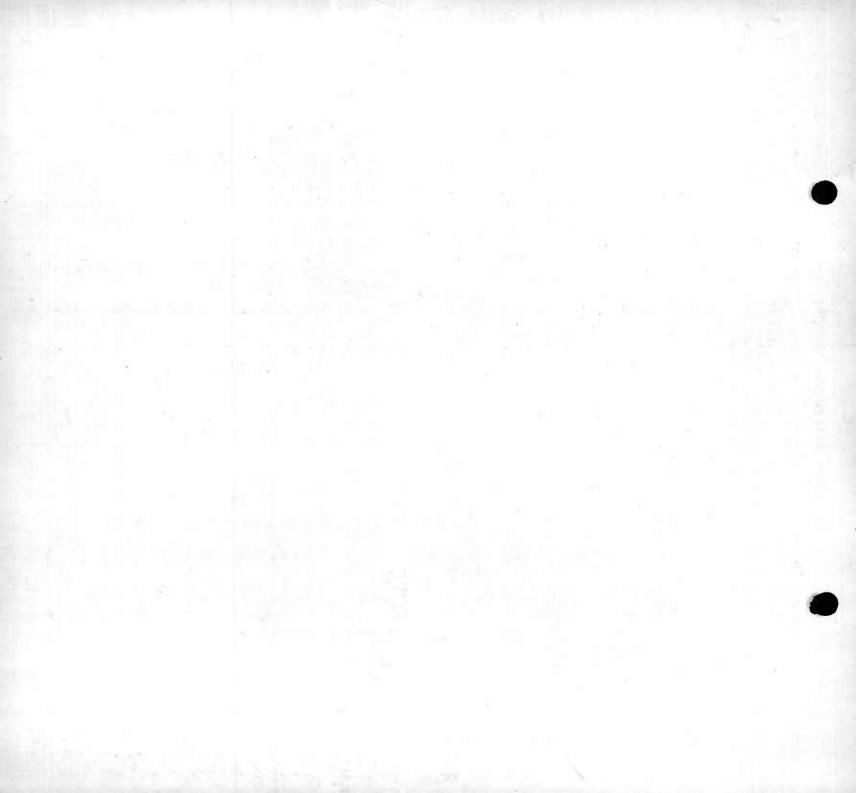
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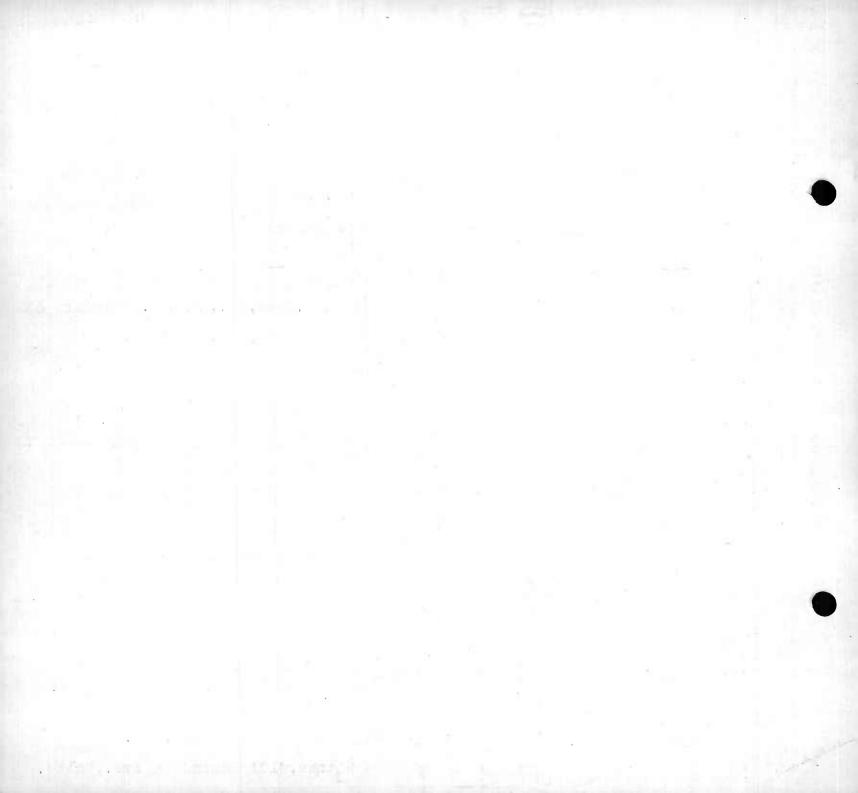


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2	1100	69 2840 CERTIFICATE OF DEATH REG. NO. 69 2840
1	7 - 7 - 7 - 7	CERTIFICATE OF DEATH
	and sath sed the the	BIRTH NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH 2, DATE AND HOUR OF DEATH
	- 700 5	(Type or Print) ROBERT BAILEY JR. 3/14/69 10 /A M.
	of death Decease e on th	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	hosp Use (5) Ianc dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
	- 30	SINAI HOSPITAL BALTIMORE YES NOL
	ting d cau r att r att prior	72 DAKLEY AVE
	. 7 4 - 7	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Solvent Months Doys 1. Months Doys Nonths Doy
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY?
	or condet in in dec	Draftsman Wakefield, Virginia
	de Uras	13. FATHER'S NAME
-	rect or (4) Under was in the de	Robert Bailey, Sr. Rebecca Flowers
Z	E : 5 4 6 . 2	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
1	the the kinc dea nce final	Yes www of doles of service) Yes WWII SECURITY NO. Lucille Bailey - 2717 Oakley Ave.
080	34 500	18. 197 TANDE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMPORTAN	N O O E	DISEASE OR CONDITION DIRECTLY
S	Also noun atte	(This daes not mean the made of dying, e.g., DUETO OR AS A CONSEQUENCE OF:
ä	iner or acture prono ular at	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)
DIRECTOR:	fra fra em	ANTECEDENT CAUSES (B) HEPATIC CM (10 VS 20)
5	Te & A e e	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
2	ex ex (3)	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) malegrany
5	ical lical rns; sicia was	
A	med ledic burr hysi in w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	Y H	
UNER	Bod Bod the ysic	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
J	tal by e; (2) l here to ph	OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., NJURY OCCUR?
	d ig i	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	ved hos nat ept ept	≥ (APPROX.) While At Not While
	he l he l y n xce and	22. I certify that (I) (this hospital) attended the deceased from 2/24 1969 to 3/14 1969
	10 to 0 10 10 10 10 10 10 10 10 10 10 10 10 1	that (I) (we) last saw the deceosed alive an 3/14/19 0 7 and that in (my) (aur) apinian deoth accurred an the date
	sed to sed to int of spital eath)	and hour and fram the couses stoted above. (1) (We) (did) (did not) view the bady after death.
	eased to ident of hospital o death)	23A. SIGNATURE 23B. DATE SIGNED
	elected a ho	arefull 14,1) - DEGREE Phys. Attending Med. Director Phys. 3/14/69
	ificate m was rel 1) An acc 1.A. at a d prior to	23C. PHYSICIAN'S ROSENFULD, MID SINA HOSPITAL
	d A	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	F4000 6	Burial 3-18-69 Baltimore National Baltimore, Maryland
		25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	This the sho was dec	MAR 18 1969 Charles R. Law 802 Madison Ave.
		VS 150-REV. 1/1/68





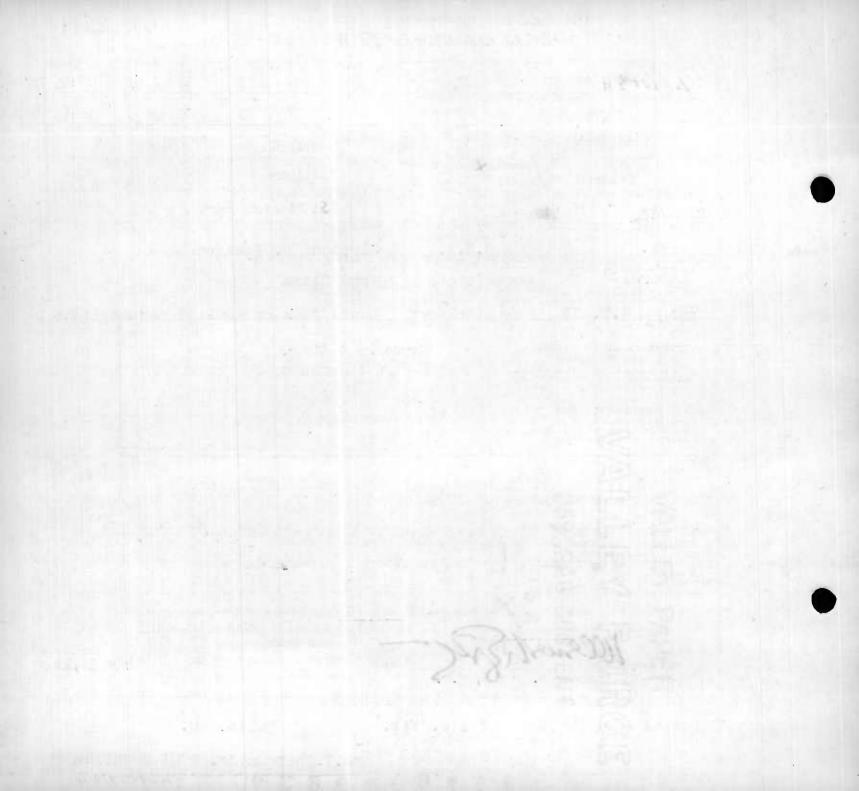


	BALTIMORE CIT	Y HEALTH DEPARTMENT		69 2843
BIRTH NO. 69	2843 CERTIFICA	ATE OF DEATH	REG. NO	69 2843
1. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print)	20.0			- 20
3. PLACE IN BALTIMORE, MARYLAND, WHER	400 B	3/1.	5/69	0 0
WHERE	FRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived, If ins TY	titution: residence before admissi
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	mp.		7-04
HOSPITAL OR ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INICIE	DE CITY LIMITS?
		BALTIMORE	, D. INSIL	*
UNION MEMORIAL.	HOSP ITAL	E. STREET AND NUMBER		YES NO NO
11.21		C. SIRCEI AND INGIBER	alin mo	81
5. SEX 6. PACE 17. e.		191000	wunc	- Xt.
5. SEX 6. RACE 7. N	ARRIED NEVER MARRIED	S. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours: Min.
	DOWED DIVORCED	13/16/29	Z	Months Doys Hours Min
10A. USUAL OCCUPATION (Give kind of work 108.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or lore)	on country)	12. CITIZEN OF WHAT COUNT
done during most of working life, even if retired)				The state of the s
LONGSHUREMAN		MARYLAN	D	u5
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
MCCANTS, JACO	7 8	11/13/11	11.	1
5. Wes Decesed Ever in U. S. Armed Forces?		VICEVICE	-MALL	IM
Yes, no or unknown) (Il yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	0.11/	ADDRESS
		mag mel	17. 1	1541000
18.	CAUSE OF DEA	THE THE	unus- (C12 (Seque 000
5///	- Ocute	necrotizing tolors	hogic pancies	BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECT	- penton	its with multiple for	Inthinite	
IThis does not meen the mode of dyin	(A) IMMEDIATE CA	USE / /	Lanns of mice	times D. H.
heart foilure, asthenia, etc. Il means the	disease.	A CONSEQUENCE OF:		
injury or complication which caused deot	h.I			
ANTECEDENT CAUSES	(0)			ſ
DISEASES OR CONDITIONS, if ony,	giving DUE TO. OR AS	A CONSEQUENCE OF:		***************************************
rise to the obove cause (A) stati	ng Ihe			
UNDERLYING CONDITION last.	(C)			***************************************
_ 11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBE TO THE DEATH BUT NOT RELATED TO THE TELL OF DISEASE OR CONDITION GIVEN IN PART 1 (4)	UIING			
TO THE DEATH BUT NOT RELATED TO THE TEL	MINAL			
U TOA DATE OF OBERATION TOP CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	208. IF YES WERE EN	NDINGS CONSIDERED
WAS PERFORM	ED	YES	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	218 PLACE OF INJURY IS S.		YES	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	lice bldg., INJURY OCCUR?	(II in Boltimore	City, give exoct location)
01	elc.)			
21D. TIME (Month) (Doy) (Year) (Ho	21 E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
IAPPROX.)	While At Not Whi	le 🗂		
	Work L At Work			
22. I certify that (1) (this haspital) atte	ended the deceased fram	1/7/69	9ta_3/1	5/67 19
that (1) (we) lost sow the deceased all				on deoth accurred on the de
		ont pro	in (my) Court obline	on deoth accurred on the d
and hour and from the couses stated at 23A. SIGNATURE	pave. (I) (We) (dld) (dld nat)	view the bady after death.		
230. SIGNATURE				3B, DATE SIGNED
Charles J. Deo			Staff Phys.	3/15/69
23C. PHYSICIAN'S	DEGREE	23 D. ADDRESS	77.7	01.01
NAME (Type)				
CHARLES S. BRO.	WN, MD. DEGREE	UNION MEM	ORIAL H	OSPITAL
4A. BURIAL CREMATION, 248. DATE	240 NAME OF CEMETERY CR	EMATORY 24D. LO	CATION / (City.	lown, or county (Stote)
BIMINO - 2019	MITO	4 mil 1 12	n/+=	midi.
DWULL 3-2001	AMILE CE	Vu - JO	ano,	0 11100
MARC 1 DES DES	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	0	ADDRESS
WHAT I COOL OF	96 9.2. Guna	12/18/2000	1 Keese-#	- (IMMAG. 1)11
\$ 150-REV. 1/1/68		THE THE PARTY OF T	17000-11	-100000

69 2844

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO			MILD	ICAL	LA	MMIINEK 3	CLKIIII	CAIL OI	DLAI	REG. NO			
I. NAME	OF DECE	ASED H.J.	ackson				2. DATE OF DEATH	Known 🔀	Month 3	15° 1	969		PM.
	OF	IMORE, MA	RYLAND, W	L OR INST		N, GIVE STREET	3. DATE PRONO	UNCED DEAD	Month 3		969	12:45	PM.
OK INSTITU		rovider	nt Hosp	ital			A STATE	esidence (where	e deceosed I	B. COUNTY	on: residen	$4-0_{-}$	3
6. SEX Ma		7. RACE Colore	ed	B. MARR		NEVER MARRIED	C. CITY OF	Town Baltimore		D. INSIDE C	ITY LIMITS	NO 🗆	
9. DATE 0			10.AGE (In lost birthday	yeors	If Unde	er 1 Yr, If Under 24 Hrs. Doys Hours Min.		AND NUMBER	n Cour		23 (2)	МОД	
	LACE (SI	ote or foreig			WH	IZEN OF	13. FATHER		_ \				Ħ
done during	most of wo	rking life, ev	e kind of work en if retired)		OF BU	S. A.	Y 15. MOTHE		Tackso ME	on			
IA WAS D	ECEASE	D EVER IN	U.S. ARMED	FORCES	2 1	7. SOCIAL SECURITY NO.	Anna 18. INFOR	Clark	mi.	F	DDRESS		
Yes	19	W.W.	II			Unknown CAUSE OF DEA		Jackson	4502	2 Alame		APPROXIMATE IN	ERVAL ID DEATH
ZOTH OTH TO 1	does not follure, y or compared to THE DERLYING	t meon the ostherio, etc plicotion which technically the condition of the	mode of dyi . It means the ch coused dea CAUSES ONS, IF ANY USE (A) STAT	ng, e.g., diseose, th.) , GIVING ING THE DNTRIBUT		(A)IMMEDIATE	AS A CONSEC	QUENCE OF:					
	ATE OF	OPERATION	20B. CON	IDITION	FOR W	HICH OPERATION W	AS PERFOR!	MED				TOPSY? (Yes o	r No)
E UTING	RLYING	IAL CAUSE OR CON USE OF DEA	TRIB- TH.		home, f	ACE OF INJURY (e.g., orm, foctory, street, offic	e bldg., etc.)	NJURY OCCUR?			coct locotio	n)	
OF IN. (APPRO	URY	Month) (D	Ooy) (Yeor) (Hour	'	ILE AT NOT	WHILE VORK	22F. HOW DID IN	IJURY OCC	.UK?			
24A. BURIA REMOVAL	CTUAL IGNATU XAMINE IAME (Ty AL CREM (Specify	RE R'S WE ATION, 2	erner U 48. DATE 3/20/6 DEPT.	. Sp:	i D.,	NAME of CEMETERY alto. Nat.	ASS ASS or CREMAT		Undeterm EXAMINER EXAMINER EXAMINER LOCATION	ined manner X (City, tov	o o	DATE SIGN	59
VC 151 DEV	THE	M 10	1303	an well	J 4	" while you	Vm.	I.Chatma	n, Jr.	1701	McCu	lloh S	t



BALTIMORE CITY HEALTH DEPARTMENT

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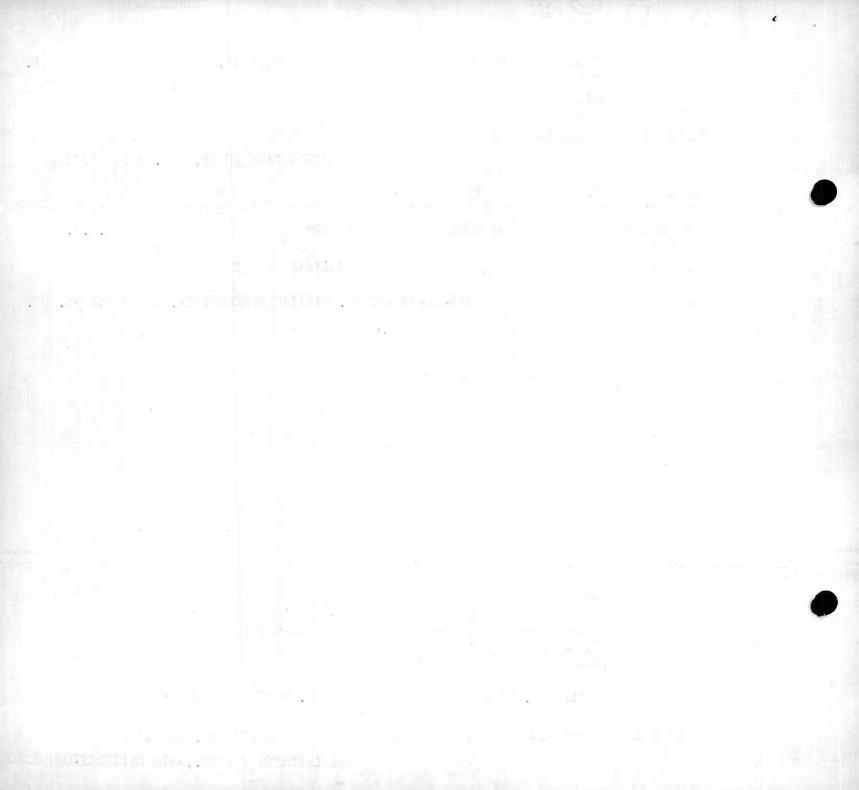
15	4.00	00	00	BALTIMORE CIT	HEALTH DEPART	TMENT	\/		
BIRTH	NO.	69	284	6 CERTIFICA	TE OF DE	ATH.	REG. NO	69	2846
1.NA	ME OF DECEASED	1					NO HOUR OF PEATH	1	. 6
3. PL/	ACE IN BALTIMORE	ex 13e	HERE PRONO	INCED DEAD	I A HISHAL PESIDE	NCE (Who	3/14	69	6-3 PN
					M. SIMIE	B. COUN	ITY	istitution; resid	ence before odmission
HOSP	NAME OF (IF NITAL OR ADD	RESS OR LOCA	TION)	JTION, GIVE STREET	C. CITY OR TOWN	1	Ballo.	IDE CITY LIMIT	3-00
. 1	5:10.	4.00	1/2/	-1 R. 14	BAI	to		YES 🗌	NOD
4	SINAI	11054	MAL	7 DAITO	E. STREET AND N	NUMBER	-1		21
. SEX	6. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	7.5	9. AGE (In veors	W Under 1	Yr. , If Under 24 Hrs.
	MALE	NHITE	WIDOWED	DIVORCED	11-22-	12	losi bisthdoy)	Months Do	ys Hours Min.
OA, U	SUAL OCCUPATION (uring most of working life	Give kind of work even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or fore		12. CITIZEN	OF WHAT COUNTRY
2 =	SALESMAN		INSL	IRANCE	BALTIMORE			u.	S.A.
3. FA	THER'S NAME				14. MOTHER'S MA		ME	•	
5. Wa	JOSEPH BET	S Armed For	es?	1 6. SOCIAL	IDA	?			
Tes, no	or unknown) (If yes, g	ive wor or dole:	of service)	SECURITY NO.					DDRESS
18.		1		CAUSE OF DEAT	IMRS. ANNE	BERMA	N. 3545 FLAI		ANE #21207
	DISEASE OR CO		ECTLY	Acus	2 Hyocan	Q.In	Sarction	BETY	VEEN ONSET AND DEATH
(1)	LEADING nis does nat mean	TO DEATH	dvina. e.a	(A) IMMEDIATE CAL	SE		/		***************************************
he	ort foilure, asthenio, ury ar camplication	elc. Il means	the disease.		Selenofe	c Ca	udio Vaso		
		ENT CAUSES		Aireas	Pintia.	leser	ues trus		
DI	SEASES OR COND	OITIONS, if a	πy, giving	DUE TO, OR AS	A CONSEQUENCE	OFE TURN	A Come in	65	
U	DERLYING CONDI	TION lost.	aiding the	(c) 14 cul	ryocula	Maci	a veric	01	
ZOT	HER SIGNIFICANT CO	II	TRIBUTING						
A DIS	THE DEATH BUT NOT	RELATED TO TH	ETERMINAL	****************	***********************				
F 194	DATE OF OPERATIO	N 19R CONE	ITION FOR W	HICH OPERATION	20A. AUTOPSY?	(Yes or No	208 IF YES, WERE P	INDINGS CO	NSIDERED
214	ACCIDENT WAS U	NDERLYING	218, 1	PLACE OF INJURY (e.g., in	or about 21 C. WHE	PE DID		City, give exc	
JUK	CONTRIBUTING CATH (notify medical ex	AUSE OF	home elc.)	, form, loctory, street, of	ice bldg. INJURY O	C CU II?	hi in pommore	E City, give exc	oct tocotion;
210	P-TIME (Month)	(Doy) (Yeor)	(Hour) 21 E.	NJURY OCCURRED	21 F. HOW	ונאו סוס	URY OCCUR?		
>> 1	PROXI		While Work	Not While	· 🗆				
	I certify that (1)			deceased from	7-10 -	64	91o	-14	- 1969
	((1) (we) last saw		774	5-4-	1907	ond the	ot in (my) (our) opin	ion death o	
23A	hour and from the	couses state	d above ((1)	(We) (did) (did not) v	ew the body ofte	r deoth.			
	Horace	- SEgul	raum	Will Attended	Med.	. п	Shaff [77]	3 -/	
230	HYSICIAN'S NAME (Type)	1		DEGREE Phys	3D. ADDRESS	tor L.J.	Phys. \square	1	Bourn
/	JOSEPH	DECKE	LBAU	4, M.D.	3502	WEST	rosens	AUT.	HD- 2171
AN. BL	RIAL CREMATION, MOVAL (Specily)	24R. DATE	24C.NA	ME OF CEMETERY OF CRE	MATORY			y, town, or cou	•
	BURIAL	3-16-69		EL MEMORIAL			DALLSTOWN,		
JA, D	MAR)	d 1305	SB. NAME OF	OF A	25C. FUNERAL E	VSON &	BROS., 601	O REIST	ERSTOWN ROA
			And Block	CANORICA .	18 TO 18	1			

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TENGLISH DEEMERSON, 11 D 3502 WEST ROTERS ME THE

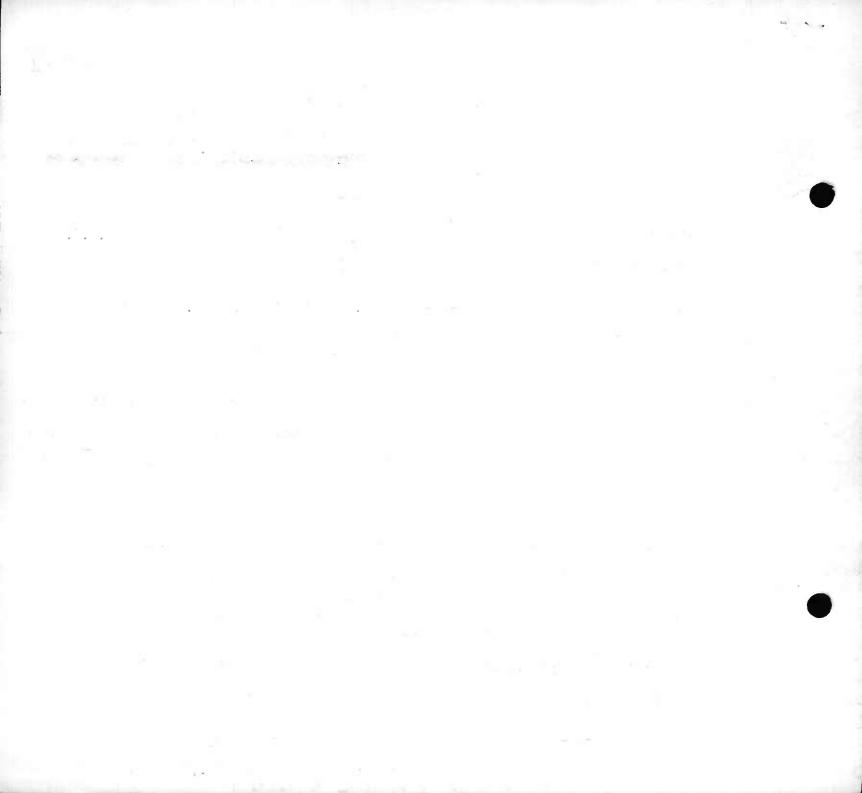
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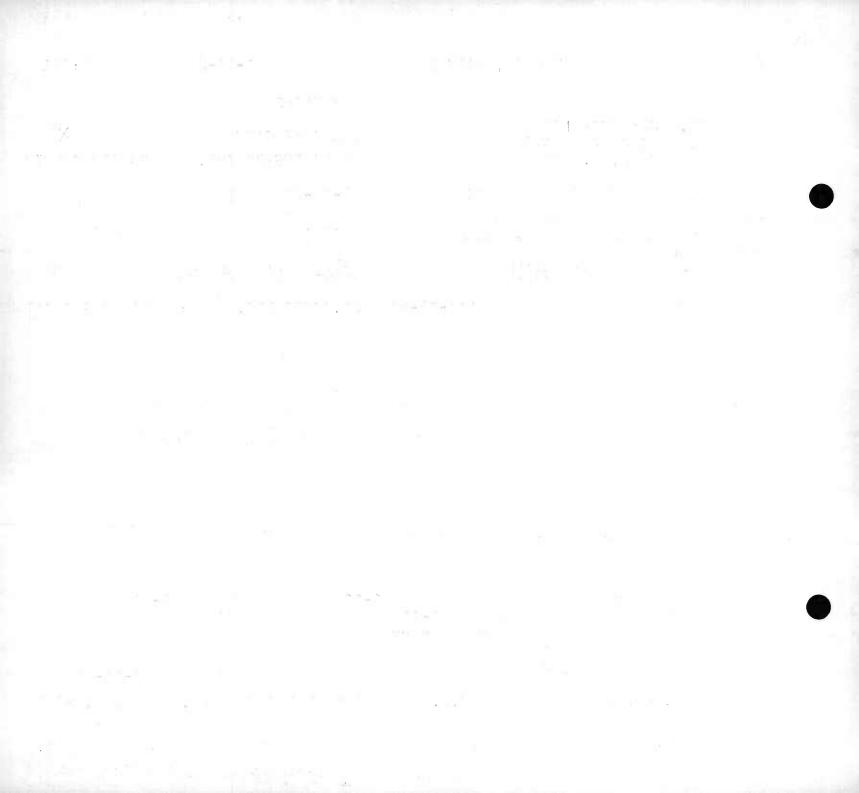
BIRTH NO.	6 9		ATE OF DEATH	REG. NO	_b9_2847
I. NAME OF DEC	ASED		2. DATE A	ND HOUR OF DEATH	
(Type or Print)	THEKLA F	FORCHHEIMER	MARCI	H 14, 1969	9 P.
3. PLACE IN BAL	MORE MARYLAND, W	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased tived. If in	stitution: residence before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET (ATION)	MARY LAND	Balto.	DE CITY LIMITS?
PLEASANT	MANOR NURSIN	NG HOME	BALTIMORE E. STREET AND NUMBER		YES NO NO
90			23 WARREN PARI	K DRIVE, APT	. 3 B #21208
S. SEX	6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
FEMALE	WHITE	WIDOWED DIVORCED		92	
		1 10 B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTE
HOUSEW		AT HOME	GERMANY	AAE.	u.s.A.
3. FAIREK S NAM	A.E.		14. MOTHER'S MAIDEN NA	ME	
SIMON N			JULIANE	?	
S. Was Deceosed Yes, no or unknown)	Ever in U. S. Armed For	les of service) 1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO			FZ MR. WILLIAM F	ORCHHEIMER	23 WARREN PK DP
18.44	> V 1	CAUSE OF DE		o Roman Jack	APPROXIMATE INTERVAL
	E OR CONDITION DI	IDECTLY C	al rend + cos	1-01-120	BETWEEN ONSET AND DEA
DISEAS	LEADING TO DEATH	Je .		viral area	The way
(This does n	ol mean the mode of	(A) IMMEDIATE (
heort failure,	asthenio, etc. It meons	s the diseose,	AS A CONSEQUENCE OF:		
injury or com	plication which caused	d death.)			
	ANTECEDENT CAUSES	S			
DISEASES C	R CONDITIONS, if	ony, giving DUE TO, OR	AS A CONSEQUENCE OF:		
rise to the	above couse (A)				
UNDERLYING	CONDITION last.	(c)			
_	11				
	CANT CONDITIONS CO				
DISEASE OR C	H but not related to t ondition given in pai				
19A. DATE OF	OPERATION 198 CON	NDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
	***************************************		10		
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	21B. PLACE OF INJURY (e. home, form, foctory, street, etc.)	g., in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY			Vhile		
(AFFROA)		Work LJ At W	ork L		11166
22. I certify	that (1) (this hospita	al) attended the deceased from	1967	19 to M	~ 14/170 hg
that (1) (we)	last saw the deceas	ed olive on War	2 / 0		nion death occurred on the d
		The second second second	/		mon deom occorred on me d
ond hour one	from the couses sto	oted above. (I) (We) (bid) (did no	t) view the body ofter deoth.		
23A. SIGNATU		1 // ;			23B. DATE SIGNED
	Much		Attending Med. Director	Staff Phys.	3/15/6/
23 C. PHYSICIA	N°S	DEGREE	23D. ADDRESS	rnys. —	
NAME (T	ype)	5 47504		UEOU DIOMAIN	
	MILTON	B. KIRSH	4000 W. NORT	HEKN PAKKWAY	
	AATION DATE	24C, NAME of CEMETERY of		LO CATION (C	ty, town, or county) (Stote)
					17, 10 111, 01 00 0117,
REMOVAL (ipecify)	(A WARVIEW ATERI		TTUANT III	
BURIA	3-16-6			LTIMORE, MAR	YLAND
BURIA	ipecify)	69 WORKMEN CIRCLE	25C. FUNERAL DIRECTO	R	YLAND ADDRESS
BURIA	3-16-6		25C. FUNERAL DIRECTO	R	YLAND

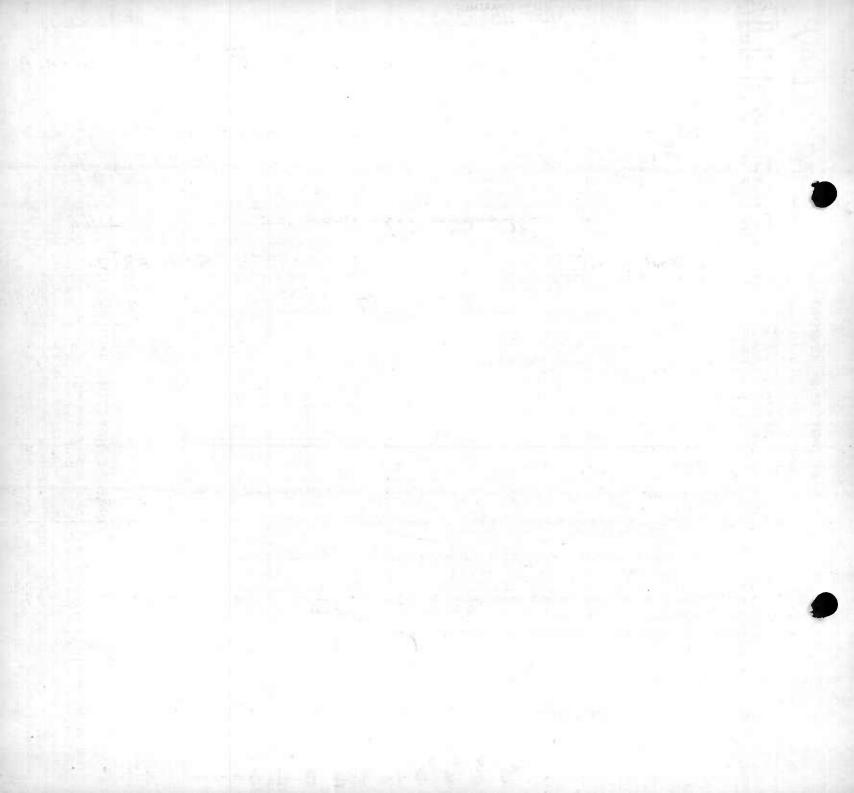


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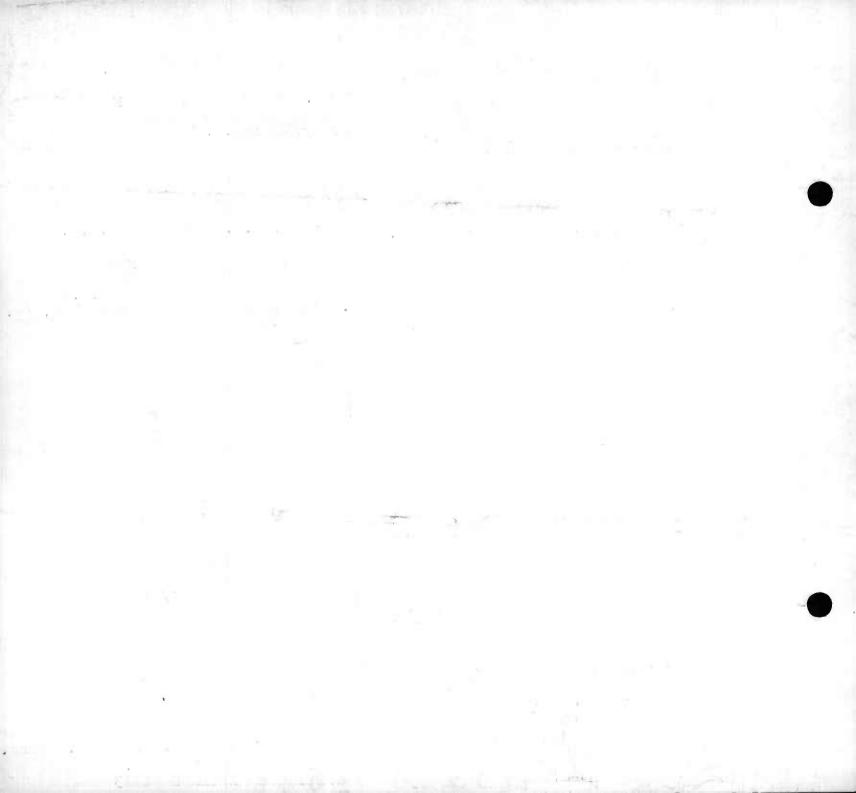
69 2852 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG NO	69
MILDICAL LAAMIII 1 LK 3	CENTIFICATE OF DEATH REG NO	100

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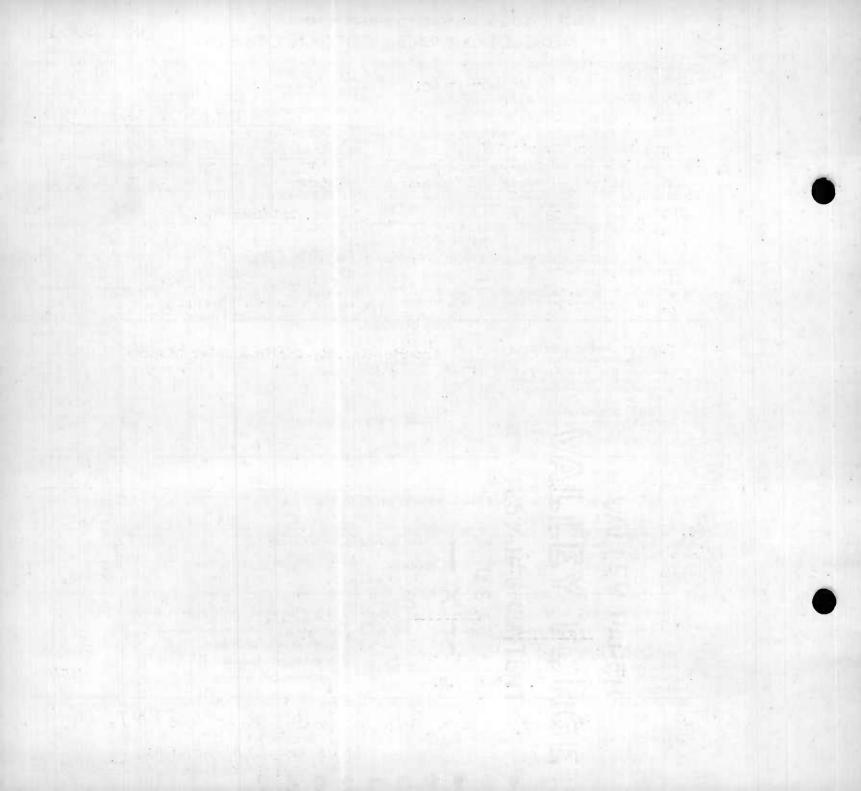
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day Year Hour PRONOUNCED DEAD	0 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION 2200 E. Pratt Street DEATH Estimated March 14, 1969 1:0 March 14, 1969 1:0 S. USUAL RESIDENCE (Where deceased lived. If institution: residence before an A. STATE MARYLAND B. COUNTY	0 P. M
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION 2200 E. Pratt Street PRONOUNCED DEAD March 14, 1969 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before an A. STATE MAryland B. COUNTY	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION ADDRESS OR LOCATION) 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before accased and the state of the st	
2200 E. Pratt Street A. STATE MAryland B. COUNTY /- 0	
6. SEX 7. RACE B. MARRIED ALEVER MARRIED CITY OR TOWN D. INSIDE CITY LIMITS?	5
) MANNED [INC. MANNED [] [
Female White WIDOWED DIVORCED BAltimore YES NO D	
9. DATE OF BIRTH 4-8-1925 10. AGE (In yeors let lost birthdoy) 44 10. AGE (In yeors let lost lost birthdoy) 44 10. AGE (In yeors let lost lost lost lost lost lost lost los	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
Augusta Co. Va Price Newton Harris 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
done during most of warking life, even if retired)	
Cora Belle Harris 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS	
(Yes, na or unknown) (If yes, give war or dates of service) SECURITY NO. Samuel E. Harris Brother	
19. CAUSE OF DEATH APPROXIMAT BETWEEN ONSI	
DISEASE OR CONDITION DIRECTLY Fatty meramorphosis of liver	
LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Years)	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Y	es or No)
ves (part	ial)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., in ar obout 122C. WHERE DID (If in Baltimore City, give exact location) hame, farm, factory, street, affice bldg., etc.) INJURY OCCUR?	
UTING ☐ CAUSE OF DEATH. ≥ 22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
(Approx) WHILEAT NOT WHILE	
m. WORK AT WORK	
I certify that I held an Inquiry Inspection (Partial) and that on this bosis, death in my opinion	
resulted from: Natural couses XX Accident Suicide Homicide Undetermined monner	
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	IGNED
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER (1996) 3/14/69	
NAME (Type) Ronald N. Kornblum, M.D. 3/14/69	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	Stote)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	Stote)
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	

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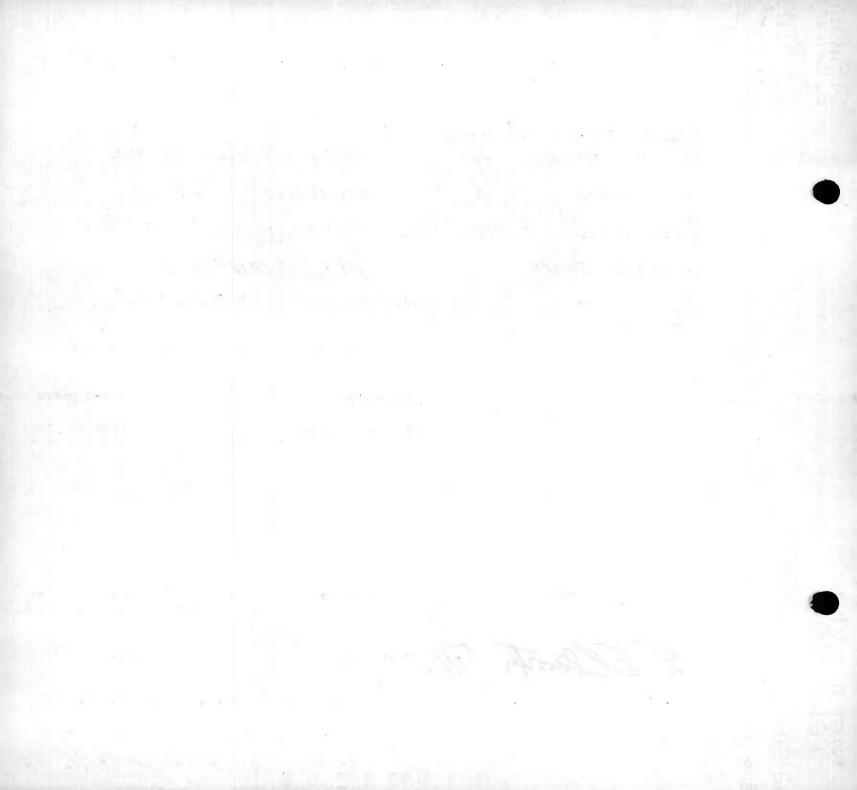


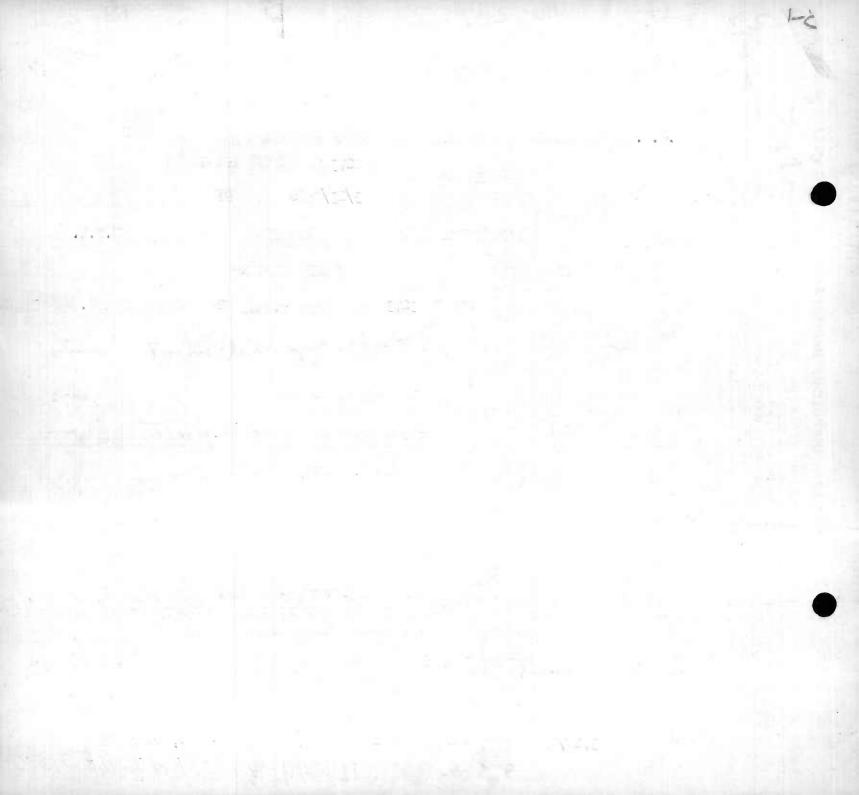
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-253	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.
BIRTH NO.	nev. IV.

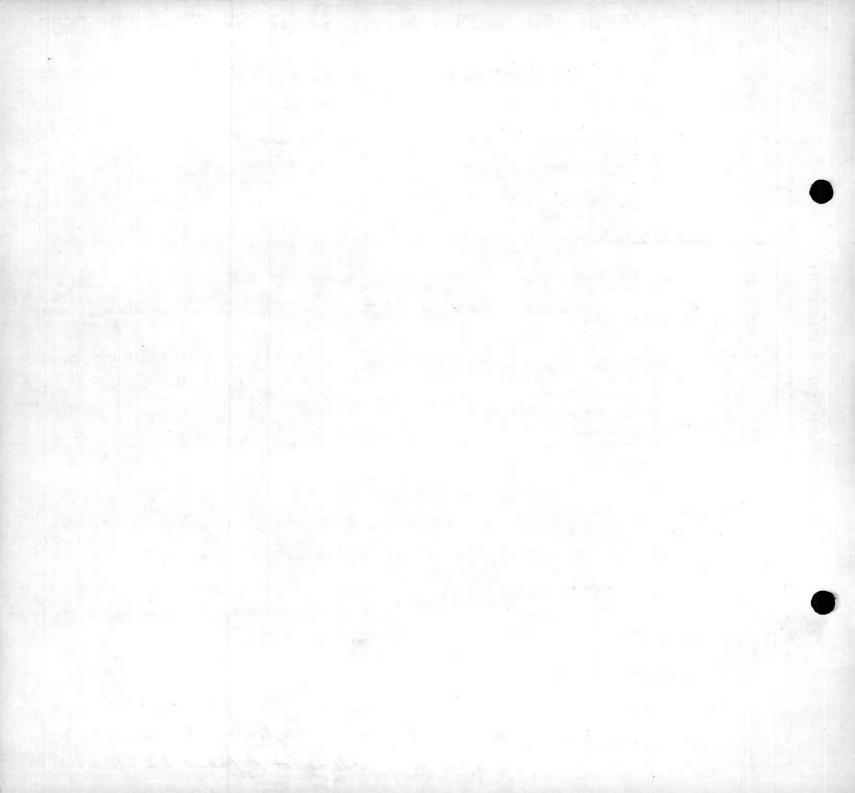
BIR	TH NO.									KEG. NO.			
	NAME OF DEC	CEASED					2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(1Ab	IRENE			A	NASTA	ASIADOU	OF DEATH	Estimoted X					М.
4. [LACE IN BAI	TIMORE, MA	RYLAND, W	HERE PE	RONOUN	NCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
HO:	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	TITUTION,	GIVE STREET		NCED DEAD SIDENCE (Where	March	15,	1969	2:30	M.
	Church	Home a	and Ho	spita	1 (D	OA)	A. STATE Mary			COUNTY		6-0	1
6. 5	EX	7. RACE		8. MARR	IED 🔲	NEVER MARRIED	C. CITY OR	TOWN	C	. INSIDE CI	ITY LIMITS?	-	
	female	white		WIDOV		DIVORCED [11	imore		Υ	ES X	NO 🗆	
9. [ATE OF BIRT	<u> </u>	10. AGE (In lost birthdo		Months	1 Yr. If Under 24 Hrs. Doys Hours Min.	3022	ND NUMBER E. Balti	more St				
11.	BIRTHPLACE (State or foreig	n country)		/	ZEN OF AT COUNTRY?	13. FATHER'S	SUNCHO	1 Mit	alis			
14A done	USUAL OCCU	PATION (Giv	e kind of work en if retired)	14B. KIND		INESS OR INDUSTR	Y 15. MOTHER	'S MAIDEN NA					
14		SO FWED IN	C ADMIT	FORCE		SOCIAL	44.00	35KeVI	Dolo	0725	DDDEEC		
(Y es	WAS DECEAS , no or unknown	(If yes, give v	vor or dotes	of service	3	SOCIAL SECURITY NO.	MITS.	Mariant	hi Fi	li po	DDRESS	1.4	a ka l
	19.	nil:				CAUSE OF DEA	TH	-2 - 0	altimo	P. 51		PPROXIMATE INT	
	DISEAS	E OR COND	ITION DIREC	CTLY								TEEN CHOCK AL	D DEATH
	Distric	LEADING TO				Arteric (A)IMMEDIATE		ic Cardio	vascula	r Dise	ase		
	heart failure	not meon the c, osthenio, etc mplicotion whi	. It meons the	diseose,		DUE TO, OR	AS A CONSEQ	JENCE OF:					
	A	NTECEDENT	CAUSES			(p)							
	DISEASES	OR CONDITI	ONS, IF ANY	GIVING		(B)	AS A CONSEC	UENCE OF:					
-		E ABOVE CA		IING IHE		(c)							
Ó			11			(0)							
CERTIFICATION	TO THE DE	NIFICANT CON ATH BUT NOT R CONDITION	NDITIONS CO	THE TERM	INAL								
RT				, ,		ICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes o	r No)
5	0											37 -	
CAL	22A. EXTER	NAL CAUSE	WAS		22B PL A	CE OF INJURY(e.g.,	in or obout 2	C WHERE DID	/If in Boltimore	City give ex	oct location)	No	
E	UNDERLYING	OR CON	TRIB-		home, fo	rm, foctory, street, offic	te bldg., etc.)	JURY OCCUR?	(ii iii boiiiiioie	sity, give ex	oci (oconon)		
	22D. TIME OF INJURY		Doy) (Yeor	·) (Hou	,	NJURY OCCURRED		F. HOWDID IN	JURY OCCUR	?			
	(APPROX.)		2	- 100	m. WHIL		VORK						
	23.	tify that I h	eld on I	nquiry [] Ir	spection X Au	topsy 🗌	ond that on t	his basis, de	oth in my	opinion		
		ted from: N			Acei				Undetermine				
		1111	, ,	,10	-	2		HIEF MEDICAL	_			DATE SIGN	NED
	SIGNAT		-we	1/1	//	M.I	ASSIS	TANT MEDICAL	EXAMINER K				
	EXAMIN NAME (IER'S W	erner	U. Sp	oitz,	M.D.	ASSO	CIATE MEDICAL	EXAMINER []		3/15/	69
24. RE	MOVAL (Spec		24B. DATE	1,0	24C. N	NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION		n, or county) (Stot	e)
0.5	BUTIS		2/17/	69	LAME CO	eek Urlr	DOOX LE	MELLEN !		nore,			
25	A. DATE REC'D					REGISTRAR	4.1	HOLDS_T		thews	ADDRESS		
		MAR I	8 1969	The	iero !	2. Fabrums	3	Cal Fas	stern	AR		imore	Md.
VS	151-REV. 1/1/6	В		()	1	0 6 1	0 0	0 1 0	1	-			1



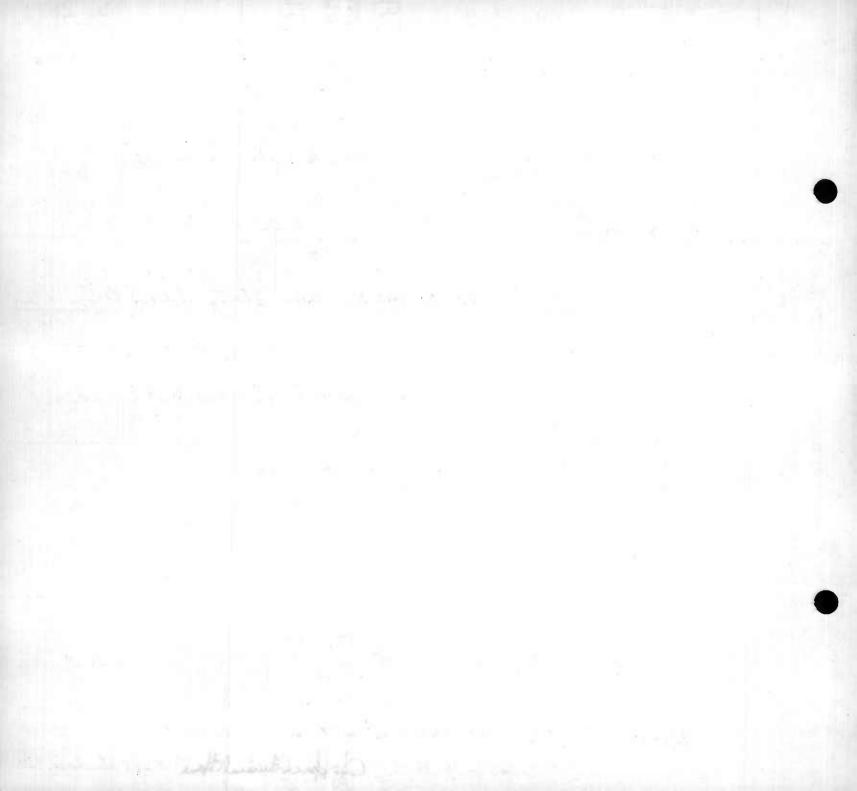






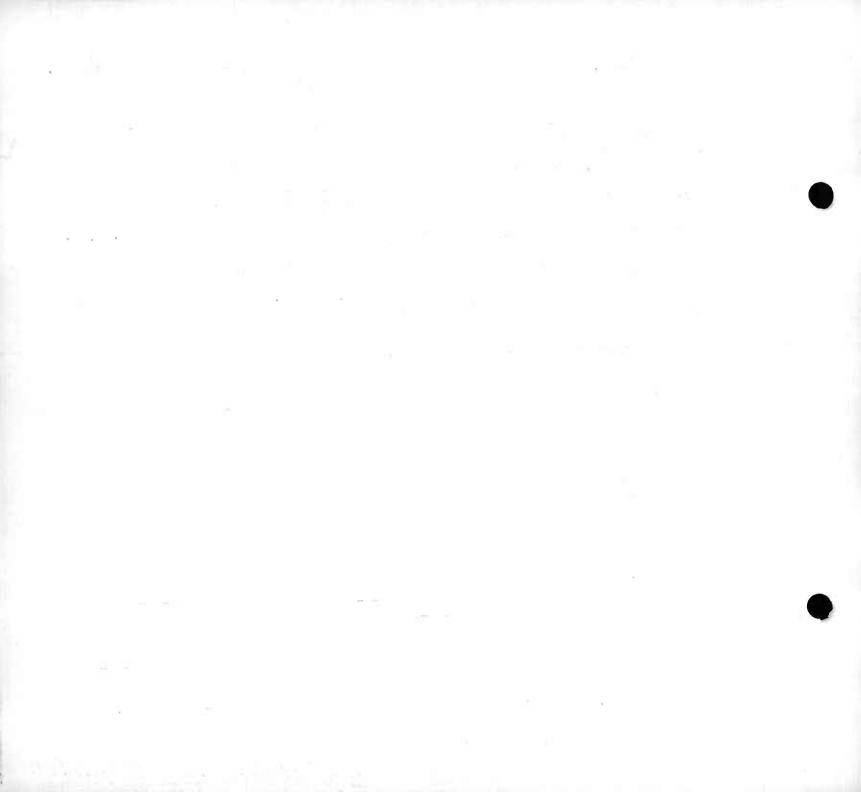


00 0	OFO BALLIMORE CITY	HEALTH DEPARTMENT	69 2859
	859 CERTIFICA	TE OF DEATH	REG. NO.
IRTH NO.		2. DATE AND HOUS	OF DEATH
Type or Print) HESTER HAR	74	3-15-6	
PLACE IN BALTIMORE, MARYLAND, WHERE PRO			ed lived. If institution: residence before odmissi
, reace in Bachwork Warrend, Where I'm	DNO DIAD	A. STATE B. COUNTY	12 -1
ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	nid.	12-01
NSTITUTION ADDRESS OF ECCATION		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
X		Dallmore	YES NO NO
1100000 - 0-1-000	Vac DITT 1	1 P P 1(1 V)	401 Enlaw Place
MARYLAND GENERAL +	HOSPITAL	V	ung Nome
SEX 6. RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE	doy) Months Doys Hours Mir
F WIDOV	WED DIVORCED	02-06-79	90
DA. USUAL OCCUPATION (Give kind of work 10B, KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign count	12. CITIZEN OF WHAT COUN
one during most of working life, even if retired)		MARIAND	ust.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		7	
WM. J. ENLOW			
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	236-38-7012	mes. Helen Starts	929 S. Ellwood C
18. 4 / 1 / 1 / 1	CAUSE OF DEAT		APPROXIMATE INTERV
LEADING TO DEATH (This does not meen the made of dying, heart failure, asthenia, etc. It meens the dise	e.g., DUE TO, OR AS	ISE Coronary Artery T	Tombosis mnutes
injury ar camplication which caused death.)			
ANTECEDENT CAUSES	Artoria	schontie Cardio Vincon	lar Disease ilanes
DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	lar Discose years
rise to the obove couse (A) sloting	•		
UNDERLYING CONDITION Iosi.	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG Gerebra/U	ascular Disease	
DISEASE OR CONDITION GIVEN IN PART 1 (A).		- F	YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F	OK WHICH OPERATION		RTIFYING CAUSES OF DEATH?
	1030 01 4 02 02 111111111	723	785
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Baltimore City, give exact location)
DEATH (notify medical examiner)	etc.)		
DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?
DEATH (notify medical examiner)	21E INJURY OCCURRED While At Not Whil	21F. HOW DID INJURY OC	CUR?
DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJURY OC	
DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) (APPROX.) 22. I certify that (1) (this hospital) attend	21E. INJURY OCCURRED While At Not While Work At Work led the deceased from	21F. HOW DID INJURY OC	10 3-15 196
DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work led the deceased from	21F. HOW DID INJURY OC	10 3-15 196
DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) (APPROX.) 22. I certify that (H) (this hospital) attend	21E INJURY OCCURRED While At Not While Work At Work Not While At Work Not While At Work Not While At Work Not While At Work	21F. HOW DID INJURY OC 3 - 3 19 69 19 69 and that in(m	10 3-15 19 6
DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (1) (this hospital) attend that (I) (we) lost sow the deceased alive	21E INJURY OCCURRED While At Not While Work At Work Not While At Work Not While At Work Not While At Work Not While At Work	21F. HOW DID INJURY OC 3 - 3 19 69 19 69 and that in(m	10 3 - 15 19 6
DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (We) lost sow the deceased alive and haur and from the causes stated above	21E INJURY OCCURRED While At Not While Work Not While At Work led the deceased from on 3-/5	21F. HOW DID INJURY OC 3 - 3 19 69 19 69 and that in(m	to 3 - 15 19 6 y) (our) opinion death accurred an the
DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) of INJURY (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and haur and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN 5	21E INJURY OCCURRED While A1 Not While Work led the deceased from non 3-/5 ve. (1) (We) (did) (did not) was a secret.	21F. HOW DID INJURY OC 21F. HOW DID INJURY OC 19 69 and that in (m Filew the bady ofter deoth. 23D. ADDRESS	to $3-75$ 19.6 y) (eur) opinion death accurred an the
DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (1) (this hospital) attend that (II) (we) lost sow the deceased alive and haur and from the couses stated above 23A. SIGNATURE According to Month (Month) (Doy) (Year) (Hour) 21D.TIME (Month) (Doy) (Year) (Hour) 22A. SIGNATURE	21E INJURY OCCURRED While A1 Not While Work led the deceased from non 3-/5 ve. (1) (We) (did) (did not) was a secret.	21F. HOW DID INJURY OC 3 - 3 19 69 19 69 and that in(m	to $3-75$ 19 6. y) (our) opinion death accurred an the 238. DATE SIGNED $3-75-69$
DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and haur and from the couses stated abov 23A. SIGNATURE JEAN M. JAC	21E INJURY OCCURRED While A1 Not While Work led the deceased from non 3-/5 ve. (1) (We) (did) (did not) was a secret.	21F. HOW DID INJURY OC 3 - 3 19 69 19 69 and that in (m Flew the bady ofter deoth. Inding Med. Stoff Phys. 12 23D. ADDRESS MARYLAND GEVE LINDEN ME.	to 3 - 15 19 6 y) (our) opinion death accurred an the 238, DATE SIGNED 3-15-69 ERAL HOSPITAL BALTO, 21 201
DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceosed alive and haur and from the couses stated above 23A. SIGNATURE According 19 Company 19 Co	21E INJURY OCCURRED While A1 Not While Work led the deceased from non 3-/5 ve. (1) (We) (did) (did not) was a secret.	21F. HOW DID INJURY OC 3 - 3 19 69 19 69 and that in (m Fiew the bady ofter deoth. Inding Med. Stoff Phys. 12 23D. ADDRESS MARYLLAND GENERAL EMATORY 24D. LOCATION	to 3-15 19 6 y) (eur) opinion death accurred an the 238, DATE SIGNED 3-15-69 RAL HOSPITAL BALTO, 21 201
DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and haur and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) JEAN M. JAC. 4A. BURIAL CREMATION, 124B. DATE 124	21E INJURY OCCURRED While A1 Not While Work led the deceased from non 3-/5 ve. (1) (We) (did) (did not) was a secret.	21F. HOW DID INJURY OC 3 - 3 19 69 19 69 and that in (m Flew the bady ofter deoth. Inding Med. Stoff Phys. 12 23D. ADDRESS MARYLAND GEVE LINDEN ME.	to. 3-15 19 6 y) (cor) opinion death accurred an the 238. DATE SIGNED 3-15-69 RAL HOSPITAL BALTO, 21 201 (City, town, or county) (Stot) Balto. Me
DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (We) lost sow the deceased alive and haur and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) JEAN M. JAC 4A. BURIAL CREMATION, REMOVAL (Specify) JOHNSON 124B. DATE 24 ABURIAL CREMATION, REMOVAL (Specify) JOHNSON 124B. DATE 24 A. BURIAL CREMATION, REMOVAL (Specify) JOHNSON 124B. DATE 24 A. JAC	21E INJURY OCCURRED While A1 Not While Work led the deceased from non 3-/5 ve. (1) (We) (did) (did not) was a secret.	21F. HOW DID INJURY OC 3 - 3 19 69 19 69 and that in (m Fiew the bady ofter deoth. Inding Med. Stoff Phys. 12 23D. ADDRESS MARYLLAND GENERAL EMATORY 24D. LOCATION	to. 3-15 19 6. y) (cor) opinion death accurred an the 238, DATE SIGNED 3-15-69 RAL HOSPITAL BALTO, 21 201 (City, town, or county) (Stot
DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attend that (I) (We) lost sow the deceased alive and haur and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) JEAN M. JAC 4A. BURIAL CREMATION, REMOVAL (Specify) JOHNSON 124B. DATE 24 ABURIAL CREMATION, REMOVAL (Specify) JOHNSON 124B. DATE 24 A. BURIAL CREMATION, REMOVAL (Specify) JOHNSON 124B. DATE 24 A. JAC	21E. INJURY OCCURRED While A1 Not While Work Not While A1 Not While A1 Work led the deceased from 7 - 15 ve. (1) (We) (did) (did not) WASON, M.D. DEGREE Phy WSON, M.D. DEGREE Oah Laur A	21F. HOW DID INJURY OC 3-3 1969 1969 and that in (m Flew the bady ofter deoth. Inding Med. Stoff Phys. 12 23D. ADDRESS MARYLAND GENERAL LINDEN LOCATION LINDEN 124D. LOCATION	to 3-15 19 6 y) (eur) opinion death accurred an the 238, DATE SIGNED 3-15-69 RAL HOSPITAL BALTO, 21 201
DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) (APPROX.) 22. I certify that (H) (this hospital) attend that (H) (we) lost sow the deceased alive and haur and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 14A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 15A. DATE REC'D BY HEALTH DEPT. 25B. NA.	21E. INJURY OCCURRED While A1 Not While Work Not While A1 Not While A1 Work led the deceased from 7 - 15 ve. (1) (We) (did) (did not) WASON, M.D. DEGREE Phy WSON, M.D. DEGREE Oah Laur A	21F. HOW DID INJURY OC 3-3 1969 1969 and that in (m Flew the bady ofter deoth. Inding Med. Stoff Phys. 12 23D. ADDRESS MARYLAND GENERAL LINDEN LOCATION LINDEN 124D. LOCATION	to. 3-15 19 6 y) (cor) opinion death accurred an the 238. DATE SIGNED 3-15-69 RAL HOSPITAL BALTO, 21 201 (City, town, or county) (Stot) Balto. Me



3/21/69 - Correction form from funeral director.

	69	20	BALTIMORE CITY	HEALTH DEPARTMENT		00 0000			
BIRTH NO.	00	~ CO1	OL CERTIFICA	TE OF DEATH	REG. NO	69 2861			
1. NAME OF DECEASE	D			2 DATE	AND HOUR OF DEATH				
(Type or Print)	aws, John, 7	•			3-15-69	1 4:50 a.			
3. PLACE IN BALTIMO	RE MARYLAND, WH	ERE PRONO	UNCED DEAD			nstitution: residence before odmissian			
EIIII NAME OF	05 MOT AL MANN.			Maryland	UNTY	14-01			
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCATE	L OR INSTITUTION)	UTION, GIVE STREET	C. CITY OR TOWN	1	17-01			
	dent Hospita	. 7		Baltimore	D. INS	IDE CITY LIMITS?			
	Division Str			E. STREET AND NUMBER		YES X NO			
5. SEX 6. R/	nore, Maryle		X NEVER MARRIED	301 McMeche	9. AGE (In veors	If Under 1 Yr., If Under 24 Hrs			
Male 1	Vegro	WIDOWED	DIVORCED	2/27/83	lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.			
IOA. USUAL OCCUPAT	ON (Give kind of work)	B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fe	oreign country)	12. CITIZEN OF WHAT COUNTR			
Cheuffeur		2711-+1	EFAMELTES	Maryland		TT S A			
3. FATHER'S NAME		TURLI	FAMILALES	14. MOTHER'S MAIDEN N	AAAE	U.S.A.			
7	LAWS			7					
5. Was Deceased Ever	In II S Amel S	.9	14 40 51 11		SMITH				
(Yes, no or unknown) (If y	es, give wor or dotes	ol servicel	1 6. SOCIAL SECURITY NO.	Mrs. Aray B.	Laws (Wife	ADDRESS			
NO			LINKNOWN	mis	Daws (IIII)	e) Same			
18. 1863			CAUSE OF DEATH	1		APPROXIMATE INTERVAL			
	CONDITION DIREC	CTLY		0.		BETWEEN ONSET AND DEAT			
	ING TO DEATH		(A) IMMEDIATE CAU	SE Drinchon	Milliamia	1			
hearl failure, osthe	(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. it means the diseose,								
injury at camplica	injury or camplication which caused death.)								
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) Ceubro-vascular accedent DUE TO, OR AS A CONSEQUENCE OF: What at a current of the project									
DISEASES OR C	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:								
rise to the ab	ove cause (A) si	lating the	Mita	statu curre	noma of the	mark &			
0.152.11.10 00	TOTAL IOSE		(C)			Arriva			
OTHER SIGNIFICAN	II CONDITIONS CONT	DIRITING			L				
E ITO THE DEATH RUI	NOT RELATED TO THE	TERMINAL	***************************************						
	TION GIVEN IN PART 1	TION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES. WERE	FINDINGS CONSIDERED			
19A-DATE OF OPE	WAS PERFO	RMED		No	IN CERTIFYING CA	USES OF DEATH?			
13 21A. ACCIDENT W	AS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(II In Baltimor	e City, give exoct location)			
OR CONTRIBUTING	CAUSE OF	home etc.)	, form, lactory, street, aff	ice bldg., INJURY OCCUR?					
01		Hour 21 E	INJURY OCCURRED	017 110 110 110 110					
OF INJURY	(-0), ((66.)	1	e At Nat While	21F. HOW DID IN	TINKA OCCAKS				
TAPPROXI		Work	AT WORK						
22. I certify that	(I) (this hospitai) a	ttended th	e deceased from 3.	- 7 - 69	_19ta3-	-15-69 19			
that (i) (we) last	saw the deceased	ailve an	3-15-69	19and		nian death accurred an the date			
and haur and from	the causes stated	above. (i)	(We) (did) (did not) vi	ew the bady after death	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the day			
23A. SIGNATURE	111		(10) (111) (111) (11	on the bady diret death	•	23B, DATE SIGNED			
23C. PHYSICIAN'S	7	000	DEGREE		Stoff X Phys.				
NAME (Type)	Dn Condra		100	3D. ADDRESS Provio	dent Hospital				
	Dr. Canazar		DEGREE	1514 Division S	treet - Balt	imore, Maryland			
REMOVAL (Specify	N, 24B, DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Cit	y, town, or county) (Stote)			
Burial	3/19/69	9 Ast	utu mem. 1	ok A	alt. md.				
SA. DATE HELO BY H	EACTH DEPT. 25	B. NAME O	REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS			
2277	1000	W 84	Joll Bar a	Elmail Cha		Mª Culloh St.			
/S 150-REV. 1/1/68		4 (5)	The state of the s	The state of the s	13000	771			



FUNERAL DIRECTOR:

H & M FIFTH BIS 10 40 10 1 0,4 3155543 LISTER GOLDEN MASSELL . D. BAND Syll Cidellateral - AVD . E. M. Dr. Lei Scotter MD. H DN E M. De was sames M.D.

hospital

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death

IMPORTANT

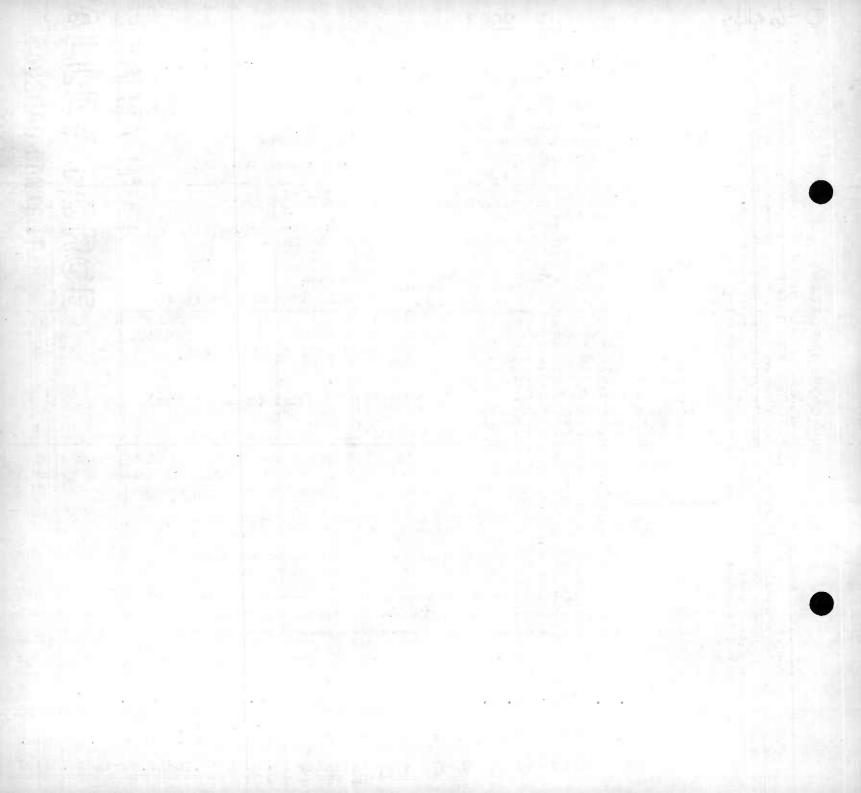
DIRECTOR:

FUNERAL

by

approved

8:59 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) D. INSIDE CITY LIMITS? NO If Under 1 Yi. If Under 24 His. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? United States ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5-6 months More than convulsive disorder with mental retardation 60 years 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) 19 69 March 16 and that in (my) (aur) opinian death occurred an the date 23B. DATE SIGNED March 17, 1969 6400Wabash Ave., Baltimore, Md. 21215 (City, town, or county) Berks Co. STEWARF & MOWEN CO.108 W. North Av. Cityl VS 150-REV. 1/1/68



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VS 150-REV. 1/1/68

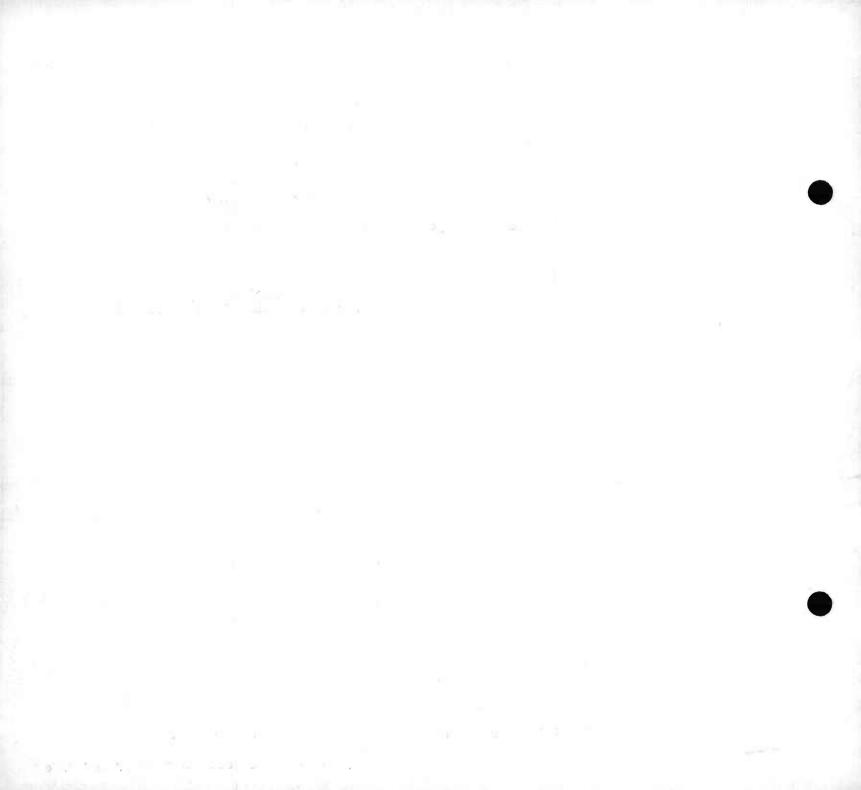
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69 2865 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	00	Con	BALTIMORE CITY HE	ALTH DEPARTME	NT	,	\wedge	00	_	
SIRTH NO.	М		EXAMINER'S C			DEATH	H REG. NO		2865	
. NAME OF DEC		LAS DEAN	GLEASON	OF	nown 🔼	Month March	13, 1	969	1:00	A. M
PLACE IN BAL	TIMORE, MARYLAN	D, WHERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
ULL NAME OF IOSPITAL OR INSTITUTION		SPITAL OR INSTITU	JTION, GIVE STREET	5. USUAL RESIDE			13, 1			A . M.
7 -3	John Hopkin	s Hospit		A. STATE	aryland	l B	county Har	ford (2-1	00
SEX	7. RACE	B. MARRIEL	NEVER MARRIED	C. CITY OR TOWN Edgewood D. INSIDE CITY LIMITS?						
Male	White	WIDOWEI			uppa	YES 🗌	NO E			
DATE OF BIRT	H 10. AG		Under 1 Yr. If Under 24 Hrs. onths, Doys, Hours, Min.	E. STREET AND	NUMBER					
Sept. 1.	1947	21 M	onins Doys Hours Min.	×2	de Octob	oxnexk	ang 2	007 Mor	gan St	reet
/	itate or foreign count	ry) 12	. CITIZEN OF	13. FATHER'S NA	_					
Missulla	, Montana	1 - La 2 - 1	WHATEOUNTRY?	Mars	rtie H	Gleas	on Sr	(Dece	ased)	
		work 14B, KIND C	F BUSINESS OR INDUSTRY				011 101 •	(Dece	ascu /	
one during most of v	vorking life, even if reti	ired)					,			
Metal Wo			w Manufacturer	20		Holbro				
6. WAS DECEAS (es, no or unknown)	ED EVER IN U.S. AR	ojes of service)	17. SOCIAL SECURITY NO.	IB. INFORMANT				ADDRESS		
Yes	Vietnam	(Navy)	574-18-7365	Betty 1	. Lang	glois,	Edge	wood, N		
19.	16 11		CAUSE OF DEA	тн					PROXIMATE IN EEN ONSET A	
DISEAS	E OR CONDITION	DIRECTLY								
	LEADING TO DEAT		(A)IMMEDIATE C	Alise Pne	monia					
(This does n	of meon the mode	of dying, e.g.,		AS A CONSEQUENC	E OF:					
Injury or con	, osthenio, etc. It meor nplicotion which couse	d deoth.)								
DISEASES O	NTECEDENT CAUSE OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LA	ANY, GIVING	(B) Fractur	re-disloca as a Consequen	tion o	f cervi	cal s	pine		
O THE DE	IIFICANT CONDITION ATH BUT NOT RELATE CONDITION GIVEN	D TO THE TERMIN		-0.000000000000000000000000000000000000						
20A. DATE OF	OPERATION 20B.	CONDITION FO	R WHICH OPERATION WA	AS PERFORMED				21. AUTO	PSY? (Yes o	r No)
2-23-	69 N	eck inju	cy					No		
UNDERLYING UTING CA 22D. TIME	NAL CAUSE WAS XOR CONTRIB- USE OF DEATH. (Month) (Doy)	ho	B. PLACE OF INJURY(e.g., me, form, foctory, street, office Street	of	y occur? B.&.D.A	(If in Boltimore Abingd Ve., A	on Ros		mile	East
(APPROX.)	2-23-69 4:	40 A. m	WHILE AT NOT	WHILE K Pa	ssengei	in au	to-fix	ed obje	ct co	llision
23.		-40 216 m	. WORK LATW	ORK (-1)	00					
1 cert	ify that I held on					his basis,				
resul	ted from: Notural	couses	Accident X Suicid			Undetermin	ed monne	r 📙		
ACTUAL		15	South		MEDICAL E				DATE SIGN	VED
SIGNATI EXAMIN NAME (1	ER'S Charle	s S. Spr	ingate, M.D.	ASSOCIAT	E MEDICAL E	EXAMINER		March 1	13, 196	59
24A. BURIAL CREA	MATION, 24B. DA	TE	24C. NAME of CEMETERY			LOCATION		own, or county		
Burial	17	Mar 69	Baltimore Nat	ional Veme	etery	Balt	imore,	Ma	ryland	
	BY HEALTH DEPT.		ME OF REGISTRAR	25C. FUNE	RAL DIRECT	OR		ADDRESS		
	1 10 191	59 66.	15 2, FarleyMa	Tarri	ng Fune	ral Ho	me, Ab	erdeen,	Maryl	and
	1 1 107 5 4		. 3 5 3	- 45	R 6					1

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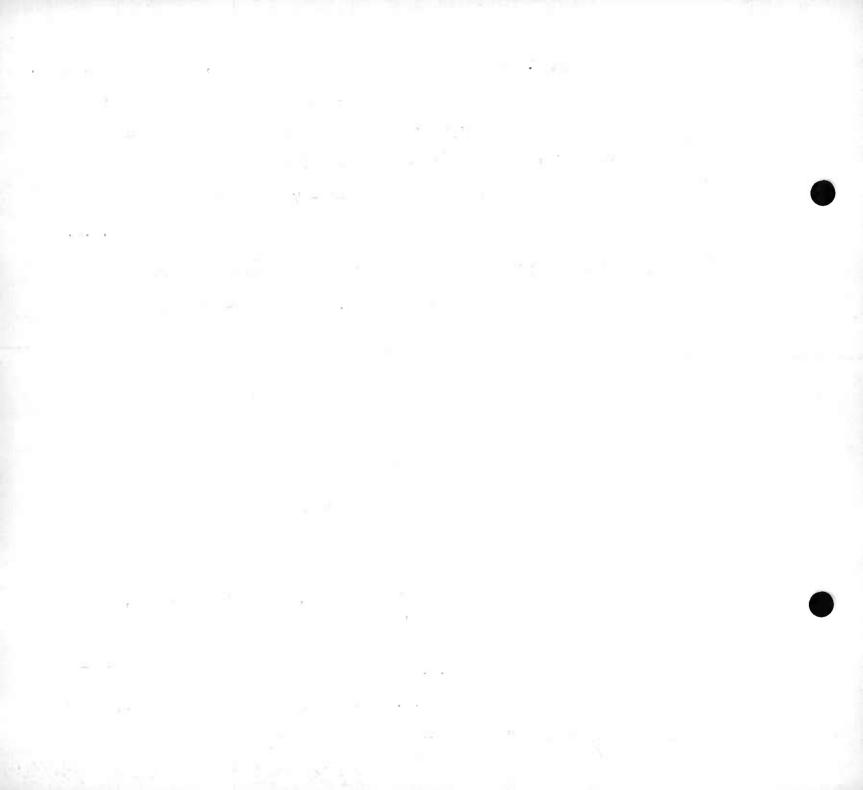
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IMPORTANT

DIRECTOR:

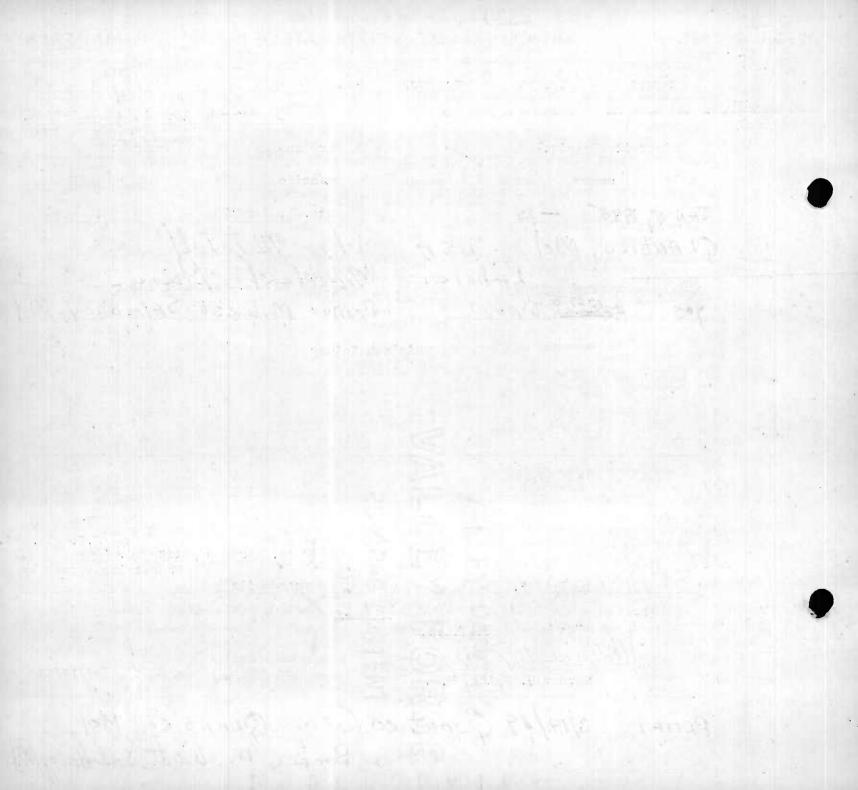
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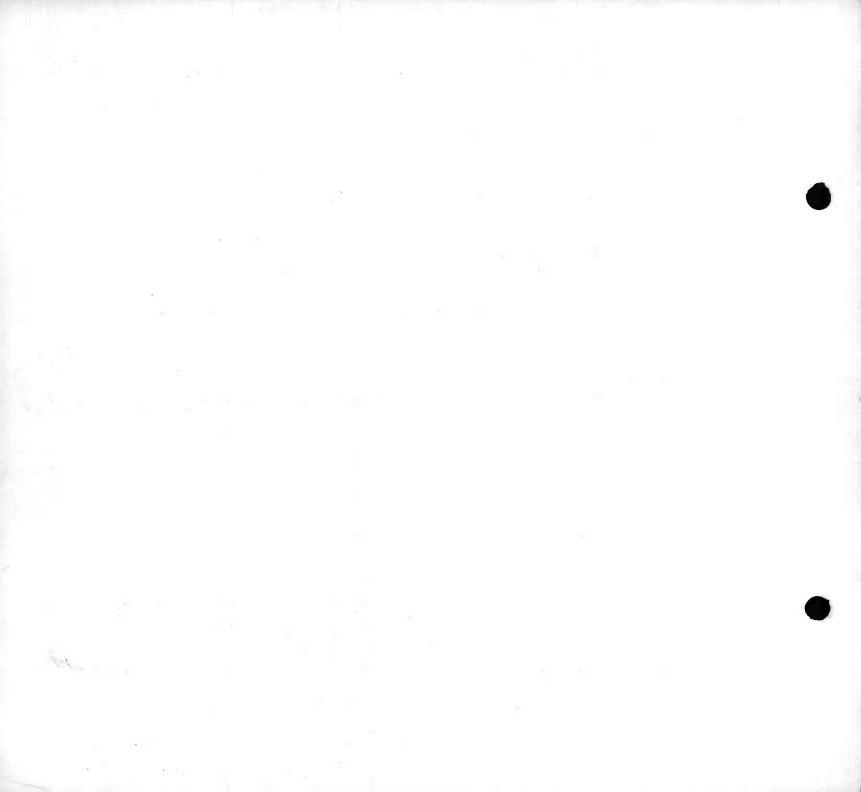
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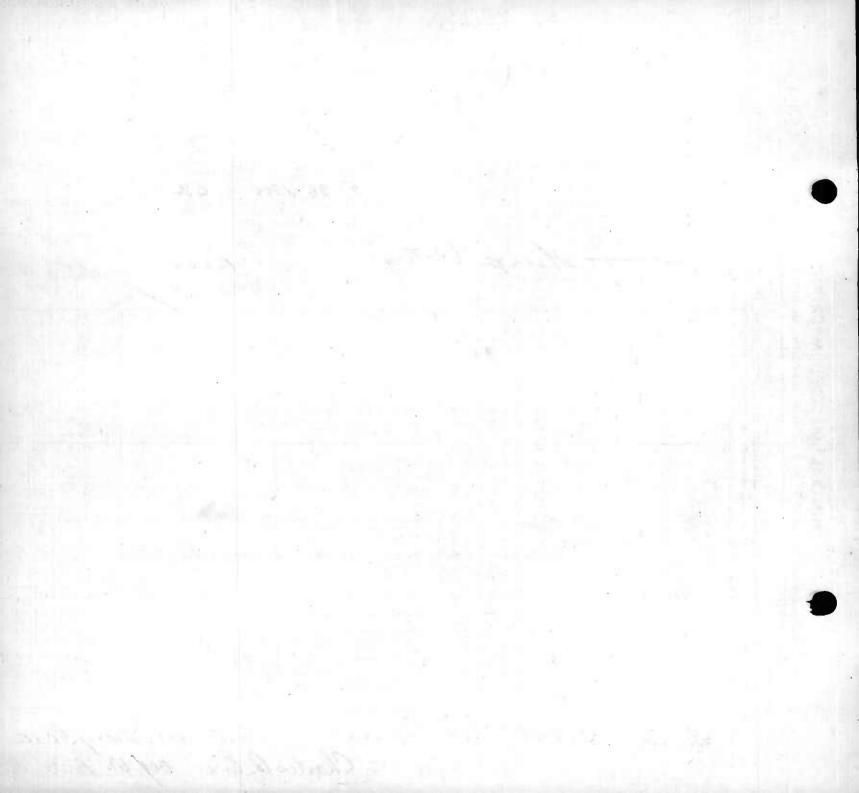
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
MILDICAL	EVAMIII 4FIX 2	CLIVIIIICAIL	OI DEATH

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO	69 2869
I. NAME OF DECEASED	2. DATE Known Month Day	Year Hour
(Type or Print)	OF Fathers of Tax	Hoor Hoor
THOMAS EDWARD MITCHELL 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSIITUTION	PRONOUNCED DEAD March 15, 19	7:25 A _M
2	5. USUAL RESIDENCE (Where deceosed lived. If institution: r A. STATE B. COUNTY	41 12
University Hospital	Maryland wicomic Some	rset 72-00
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
male negro WIDOWED DIVORCED	Quantico YES	□ NO 🏻
9. DATE OF BIRTH 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	Rte. 1, Box 278	
DUANTICO, MCI WHAT COUNTRY?	Jahn Mitchell	
V4A. USUAL OCCUPATION (Five Kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	MOTHER'S MAIDEN NAME	
LAPOTET	Milletreet These	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, given in the property of the propert	Basker M Lest SAL	Shury Md
19. CAUSE OF DEA	TH THE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Whiplas	sh Injury	
LEADING TO DEATH	AUSE	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
0		
C)	300000000000000000000000000000000000000	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes
UNDERLYING OR CONTRIB-		J.I.Wells Rd
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	500 ft. North of State I	rian struck by
OF INJURY (APPROX.) 3/12/69 7;40 P. m. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE	
I certify that I held on Inquiry Inspection Aut	ond that on this basis, death in my o	pinion
resulted from: Notural couses Accident X Suicid	e Homicide Undetermined monner	
11111 158	CHIEF MEDICAL EXAMINER	DATE CICALED
SIGNATURE MALE MALE	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	3/15/69
24A, BURIAL CREMATION. 24B, DATE 24C, NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	or county) (State)
BUTTAL 3/19/69 QUANTICO	Cem QUANTICO.	Mal
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	DRESS DD MI
	pooper way	salvoary, 110



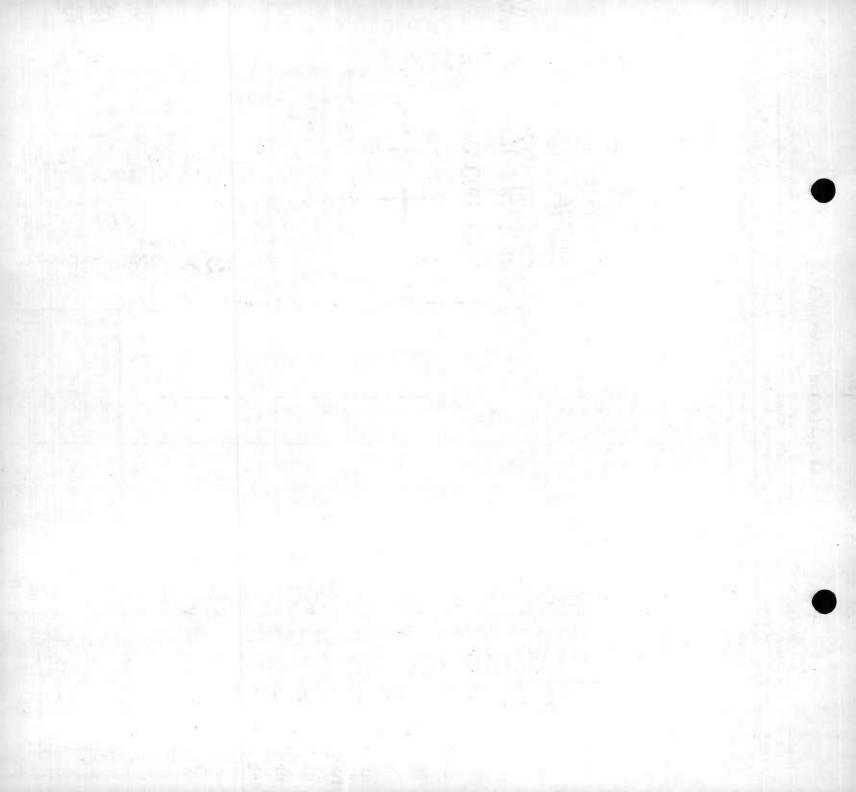


CO OOMA BALTIMORE CITY	HEALTH DEPARTMENT TE OF DEATH REG. NO. 69	Oomia
BIRTH NO. 69 2871 CERTIFICA	TE OF DEATH	68/1
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	2.2.
Laware warers	March 12,196	/
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE 8. COUNTY	on; residence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN	TY LIMITS?
IM to a setatosato	OdiTimal YES	NO 🗌
Montebello State Hospital	716 Portfand St	
6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lift lost birthday) 9. AGE (In years lift lost birthday) 9. AGE (In years lift lost birthday)	Jnder 1 Yr. If Under 24 Hrs oths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of morking life, even if retired)		CITIZEN OF WHAT COUNTR
Kong Shareman Unewown -	14. MOTHER'S MAIDEN NAME	any
Jaknow Stearge Waters	Louise Raso	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service) 2/6-01-/605	17. INFORMANT HOSPITAL Chart-	ADDRESS
18. 7 0 7 91 CAUSE OF DEATH	1	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BEIWEEN UNSEI AND DEAT
LEADING TO DEATH	SE UREMIA -	T min/4
(This does not meon the mode of dying, e.g., hearl foilure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:	
	2 1 martin	1-4
ANTECEDENT CAUSES (8) ACUK	e Pyelonephnitis	7 minig
DISTAGES OF CONDITIONS II	A CONCECUENCE OF	
rise to the abave cause (A) stoting the UNDERLYING CONDITION last.	auily infected Jecubiti	over s mon/
(0)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Anteniose	lenotie candiovo sa lan dises	use years -
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDII	NGS CONSIDERED OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in one, form, factory, street, of DEATH (notify medical examiner)	o about 21 C. WHERE DID (If in Boltimore City INJURY OCCUR?	, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Not While At Not While At Not While At Not Work	2	
	. B . 16	3-12 1969
22. I certify that (I) (this haspital) attended the deceased from		
		death accurred an the do
and haur and fram the causes stated abave. (1) (We) (did) (did nat) v	· · · · · · · · · · · · · · · · · · ·	
23A. SIGNATURE		3-12-69
Cua // fellorated Cety Arter		2-12-07
23C. PHYSICIAN'S NAME (Type) C'ESUN J. PelleRano M.D.	Untebello for port	
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, to)	wn, or county) (State)
REMOVAL (Specify)		
BUTIAL 3-17-69 M.H. CAULUL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Marylaxa W. Barre
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	11/1 / 1/1.	1.2 P
MAR I B LOUR (CEDUAL CO VICTORIA)	oflateles Ct. Dece Cold	w. parke &



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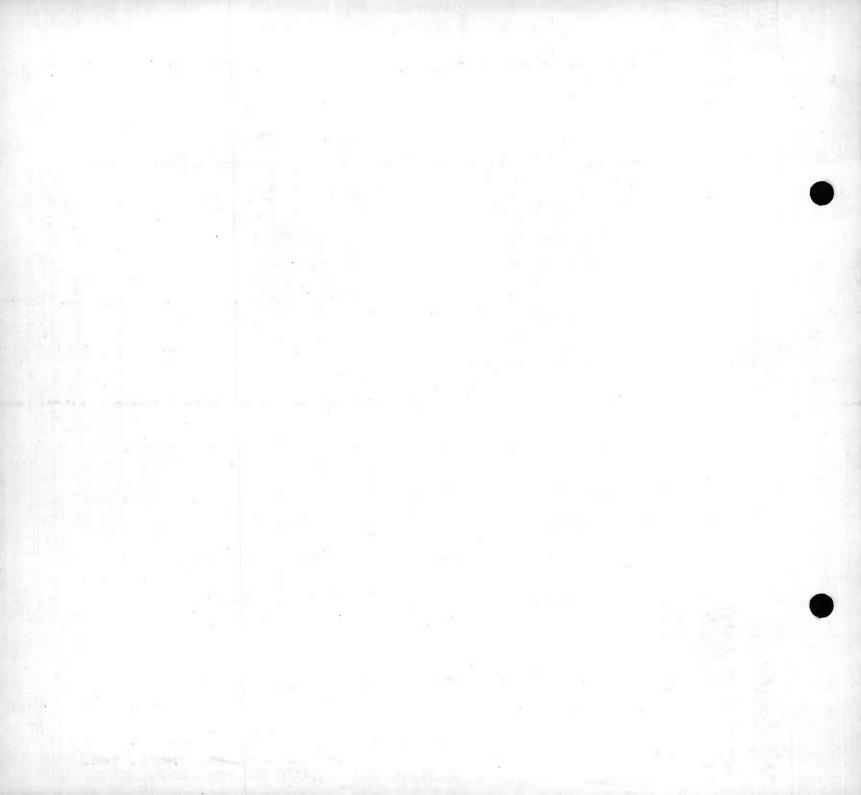
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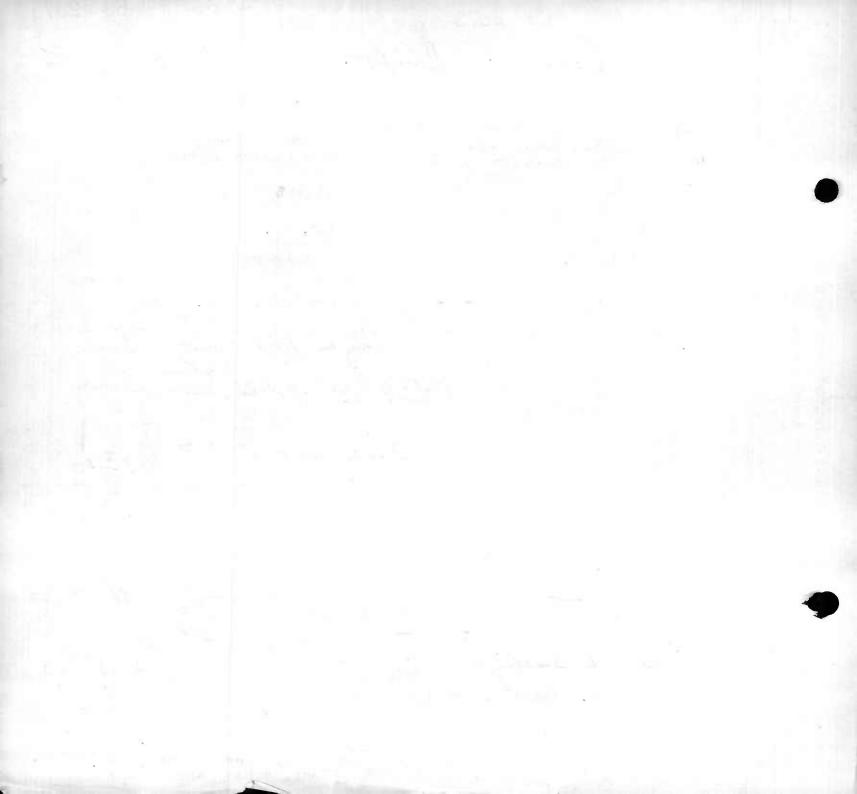
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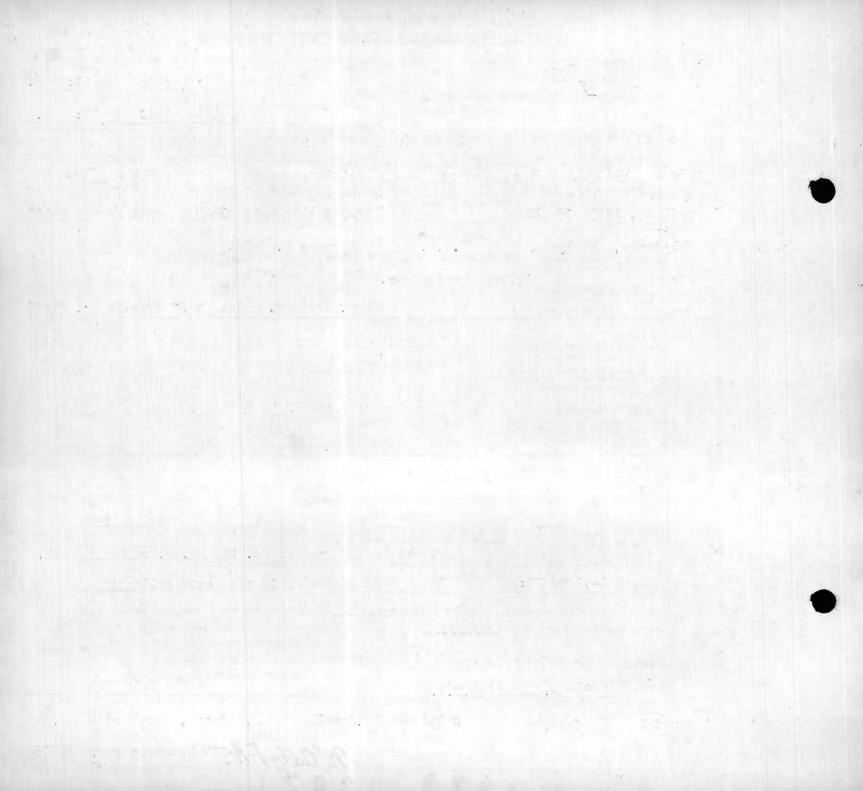
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RII	MEL RTH NO.	DICAL I	EXAMINER'S C	CERTIFI	CATEO	- DEAT	H REG. NO.				
1.	NAME OF DECEASED Nel so	n		2. DATE	Knawn 🗌	Month	Doy	Yeor	Haur		
(Ty	JOSEPH POIS			OF DEATH	Estimoled	March	14, 1969	9	11:20 Am.		
4.	PLACE IN BALTIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	3. DATE		Manth	Day	Year	Haur		
HC	L NAME OF (IF NOT IN HOSPIT SPITAL ADDRESS OR LOCA INSTITUTION	AL OR INSTITU ATION)	ITION, GIVE STREET		JNCED DEAD	THE RESERVE OF THE PERSON NAMED IN	14, 1969		L1:20 A.M.		
	SOUTH BALTIMORE	GENERAL	HOSPITAL (DOA	A. STATE	Maryland	re deceased II	B. COUNTY	2	5-44		
6.	SEX 7. RACE Male White	B. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Y LIMITS?			
	Male White	WIDOWED	DIVORCED .		imore		YE	s 🖾 N	· 🗆		
9.	DATE OF BIRTH 10. AGE (Under 1 Yr. If Under 24 Hrs. onths, Days, Hours, Min.	E. STREET	AND NUMBER						
	April 25, 1933 35	XX			KOKK XX KKG	CRIX 36	07 Evere	tt Stre	et 21226		
11.	BIRTHPLACE (State or foreign country)	12.	CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME						
	Baltimore, Marylan		U/S.A.		ence B. I						
	.USUAL OCCUPATION (Give kind at wark eduring mast of working life, even if retired)		F BUSINESS OR INDUSTRY								
	Laborer	Allie			Scheckel	is					
16. (Ye	WAS DECEASED EVER IN U.S. ARME s, no or unknown) (If yes, give wor ar dotes	of service)	17. SOCIAL SECURITY NO.	18. INFOR				DRESS			
	Yes Korean		?		Doris M.	Poist	3607 E♥		St. 21226		
	1º. F 81210		CAUSE OF DEA	TH					OXIMATE INTERVAL N ONSET AND DEATH		
	DISEASE OR CONDITION DIR	ECTLY	Lacerati	ion of	aorta						
	LEADING TO DEATH		(A)IMMEDIATE C	CAUSE							
	(This does not meon the mode of dying, e.g., heart failure, asthenla, etc. It means the disease, injury ar complication which coused death.)										
	ANTECEDENT CAUSES		Blunt	force :	injury of	chest					
	DISEASES OR CONDITIONS, IF AN	IY, GIVING		AS A CONSE							
L	RISE TO THE ABOVE CAUSE (A) STA	ATING THE	(c)								
6			(C)								
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN	THE TERMINA	GAL			~~~~					
RT	20A. DATE OF OPERATION 20B. CC		R WHICH OPERATION W	AS PERFORM	NED			21. AUTOP:	SY? (Yes or No)		
0	21							VE	yes		
X	22A. EXTERNAL CAUSE WAS	22	B. PLACE OF INJURY (e.g.,	in ar abaut	2C. WHERE DID	(If in Baltima	re City, give exac		23-00		
EDIC	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	ha	me, form, foctory, street, office Street	AND DESCRIPTION OF THE PARTY NAMED IN	Hanover S		ft C	of Macc	mac Ct		
Σ	22D. TIME (Month) (Day) (Yes	ar) (Hour)	22E.INJURY OCCURRED		2F. HOW DID I			/I IICUC	mas st.		
	(APPROX.) March 14,1969	11:00 ^A	WHILE AT NOT	WHILE X	Driver in	auto-a	auto col:	lision			
	23. I certify that I held on			topsy X	and that on	this bosts	death in my	painlan	7		
١.					amicide			7			
	resulted from: Natural ca	uses 🔲 _	Accident & Suicio		CHIEF MEDICAL		ined manner L	_			
	ACTUAL A la le	1 11	1/1/		ISTANT MEDICAL		H	D	ATE SIGNED		
	SIGNATURE DE SUPE	7 01	Chu M.) .			xkx				
	EXAMINER'S Ronald N	77 h	1 16 D	ASSO	OCIATE MEDICAL	EXAMINER	3,	14/69			
24	A. BURIAL CREMATION. 248. DATE	Kornb	1 Um , M . D . 24C. NAME of CEMETERY	or CREMATO	ORY 240	LOCATION		or county)	(State)		
RE	MOVAL (Specify)	110	Baltimore				ore, Mar				
L	Burisl 3/18				FUNERAL DIREC			DRESS			
25	A. DATE REC'D BY HEALTH DEPT.	238. NA	ME OF REGISTRAR	7	1 Ceclly		7 Pataps		. 21.225		
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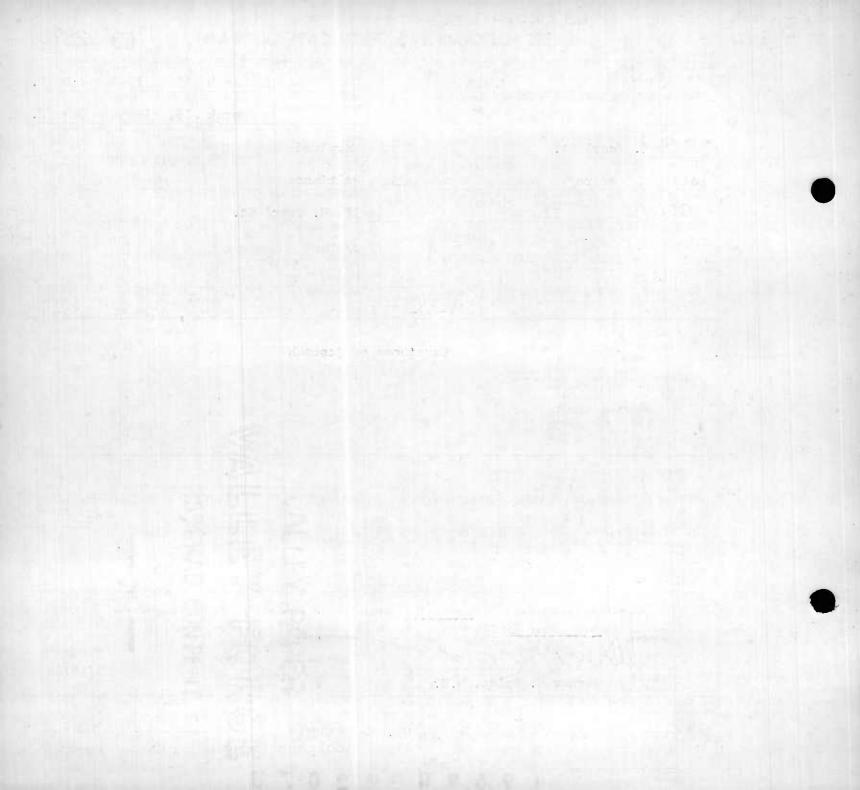
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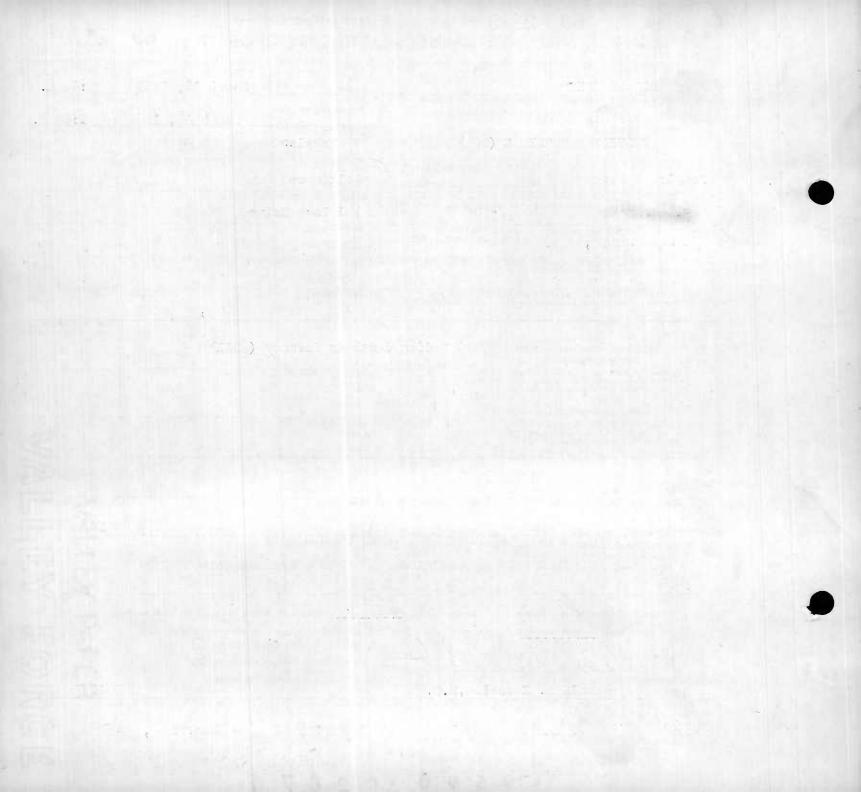
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215			MED	ICAL	EX	AMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	69	2878	3	
	TH NO.	EASED					2. DATE	v	Marab	D	Yeor	To		
(Type or Print) JOHN LEMONS						OF DEATH	Knawn L	March	16,	1969	3:00	P		
						3. DATE		Month	Day	Yeor	Hour	701.		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)							JNCED DEAD	March	16,	1969	2:40			
	124 N	. Pear	1 St.				A. STATE Mary	esidence (Where		B, COUNTY	n: residence l	l-07	n)	
6. 5	Name .	7. RACE		8. MARR	IED [NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?			
1	male	neg	ro	WIDOW			Balt	imore		Y	ES X	NO 🗆		
9. [10/8/		10. AGE (In last birthda		If Und Month	der 1 Yr. If Under 24 Hrs. s, Days , Hours , Min.		N. Pearl	St.					
11.	BIRTHPL ACE (S	tote or foreig	gn country)			TIZEN OF	13. FATHER							
	South	Caro	lina		Uw	HAT COUNTRY?	Rob	ert Lem	ons					
14A don	USUAL OCCU	orking life, ev	e kind of work en if retired)	14B. KIND	OF BI	USINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME					
14	WAS DECEAS		II S ADAAET	FORCES	2 1	17. SOCIAL	18. INFORM			Λ	DDRESS			
	s, no or unknown)				,	SECURITY NO.			-					
	19.	7 (2)				217-07-439	V 1 44	s Hattie	Lemo	ns, 17		PROXIMATE INTE		
	101	17 1				CAUSE OF BEA					BETW	VEEN ONSET AND	DEATH	
		E OR COND LEADING TO		CTLY		Carcinom		omach						
		ot meon the		ing, e.g.,		(A)IMMEDIATE		UEN CE OF:				~~~~		
		(This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)												
		ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:												
	RISE TO THE	ABOVE CA	USE (A) STA	TING THE		552 10, 5K		active or.						
Z	UNDEKLTIF	G CONDIT	ION LASI.			(c)								
CERTIFICATION		IIFICANT CO												
풀		CONDITION												
ERT	20A. DATE OF	OPERATIO	N 208. COI	NOITION	FOR W	VHICH OPERATION W	AS PERFORM	NED			21. AUTO	. AUTOPSY? (Yes or No)		
	0										N	No		
MEDICAL	22A. EXTER UNDERLYING UTING CA		TRIB-		228. PL home,	ACE OF INJURY (e.g., farm, factory, street, affic	in ar about 2 ce bldg., etc.)	22C. WHERE DID NJURY OCCUR?	(If in Boltimor	e City, glve ex	act location)			
X	22D. TIME OF INJURY	orrest to the same of the same	Day) (Yea	r) (Hau	′	E.INJURY OCCURRED	WHILE C	2F. HOW DID IN	JURY OCCI	JR?				
	(APPROX.)				m. Wo		VORK							
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ш	ACTUAL	11114/	well	~/	/	W		STANT MEDICAL		X		DATE SIGNE	D	
	SIGNAT		7 7 7	~	/	1.M_),					3/18/69		
	EXAMIN NAME (1	LA/	erner	U. Sp	tsz.	, M.D.	ASSC	CIATE MEDICAL	EXAMINER			3, 10, 05		
24. RE	A. BURIAL CREA MOVAL (Speci	MATION, :	24B. DATE	1.543	24C	. NAME of CEMETERY	or CREMATO		LOCATION altim		n, or county	(State)		
_	Burial	l	3/20,	169	1	Mt uburr	Comet	mar						
25.	A. DATE REC'D	BY HEALTH		258. N	AME (OF REGISTRAR		lphus H	alste	ad 120	6 W	north	A V e	
VS	151-REV. 1/1/68	3		1 0	1.	Q'II D	0 0	07 7	?				,	



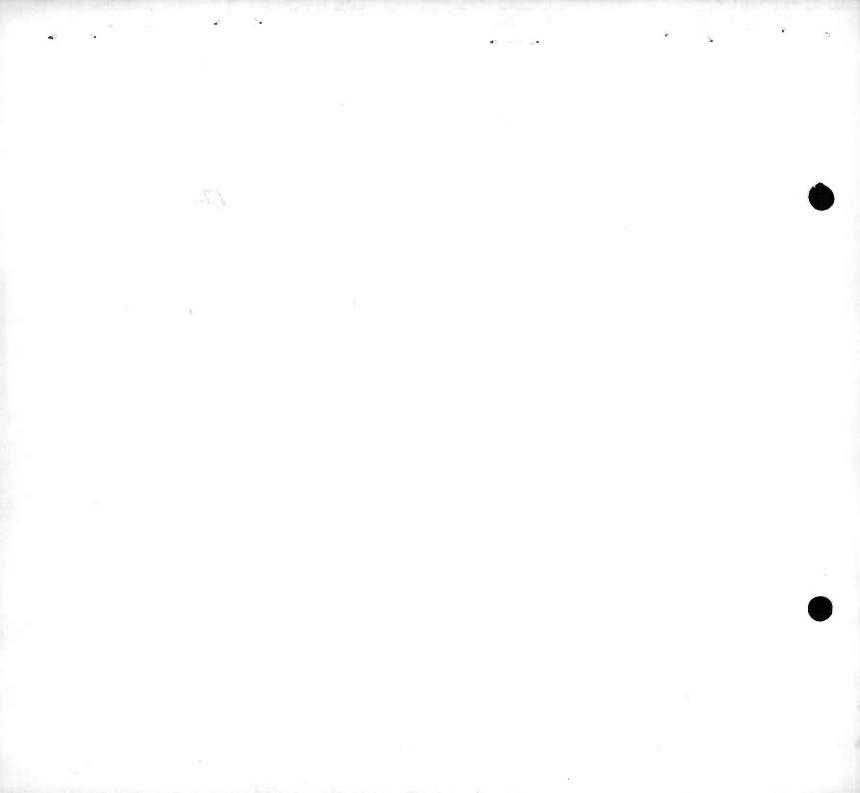
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69 2879 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE Known -Month Doy Yeor Hour (Type or Print) DIANNE SMITH OF Estimoted 9:40 A. M. March 17. 1969 DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Dov Year Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF March 17 1969 HOSPITAL ADDRESS OR LOCATION) 9:40 A.M. OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Maryland B. COUNTY PTOVIDENT HOSPITAL (DOA) 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED Female Negro Baltimore WIDOWED . DIVORCED . YES NO 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months | Doys | Hours | Min. E. STREET AND NUMBER lost birthdoy) 901 Lake Drive 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME Baltimore WHAT COUNTRY? Andrew Smith 14A USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working lile, even if retired) Mamie Ross B. INFORMANT ADDRESS 16. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO (Yes, no or unknown) (II yes, give wor or dotes of service) Andrew Smith, Same Mr APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Sudden death in infancy (SDII) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exocl location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? 22A. **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Yeor) (Hour) OF INJURY NOT WHILE WHILE AT (APPROX.) AT WORK WORK 23. Autopsy X and that on this basis, death in my opinian I certify that I held an Inquiry Inspection resulted from: Notural couses K. Accident Suicide ___ Homicide ___ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X M.D. SIGNATURE ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Ronald N. Kornblum, M.D. 3/17/69 24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial Auburn Cemetry Baltimore 25A. DATE REC'D BY HEALTH DEPT 25C. FUNERAL DIRECTOR 25B. NAME OF REGISTRAR Adolphus Halstead 1206 W VS 151-REV. 1/1/6B



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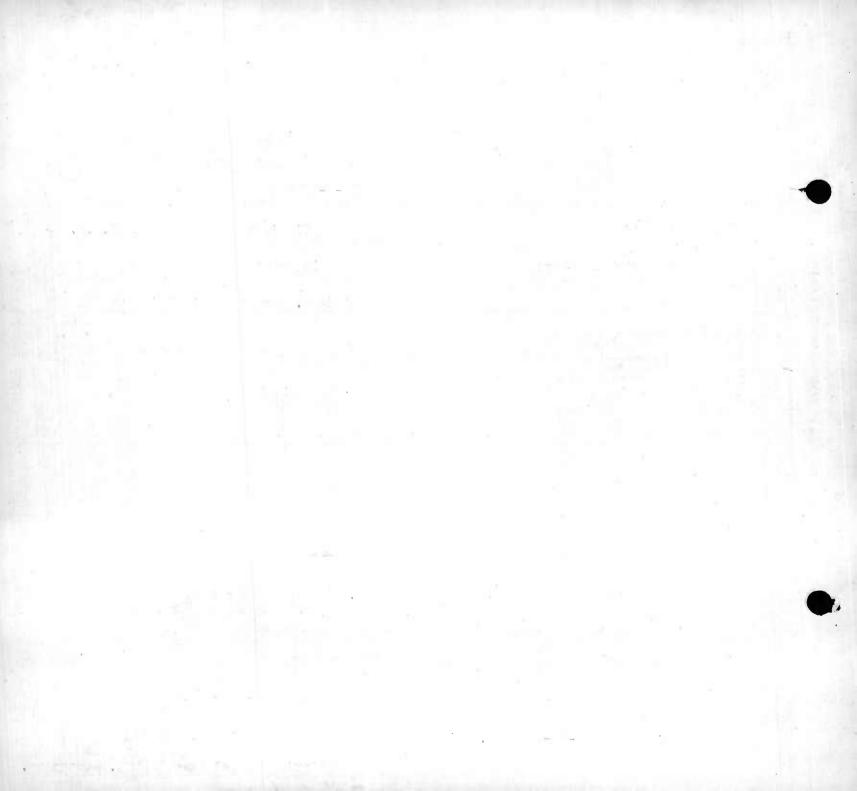
	RTH NO.)UU	ATE OF DEATH REG. NO. 69 2880					
(1	NAME OF DECEASED ype or Print) Sessie Po	lland	2 DATE AND HOUR OF DEATH					
II.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY C.CITY OR JOWN D. INSIDE CITY LIMITS?					
13	8 Mairensity Mose	oital	E. STREET AND NUMBER					
=	SEX 6- RACE 7- MARK	ylano	3612 Windson Mill Koad					
	Female Negro wido		8. DATE OF BIRTH 9. AGE (In yeors lost-birthless) 15 15 06 If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.					
do	A. USUAL OCCUPATION (Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY	North Carolina USA					
13	FATHER'S NAME	?	14. MOTHER'S MAIDEN NAME					
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT ADDRESS					
	s, no or unknown) (If yes, give wor ar doles of serv	SECURITY NO.	Mr Moses Pollard, same					
ĺ	18. 5 8 2 X I	CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		C 1. 1/2 J E./.					
	(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE Course of Part Tailure DUE TO, OR AS A CONSEQUENCE OF:							
	ANTECEDENT CAUSES	CAR	onle Renal Disease					
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:							
	rise to the obave cause (A) stating UNDERLYING CONDITION last.	(C)	*					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING A	axion Preumonia					
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION F	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
정	21A- ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B.PLACE OF INJURY (e.g., i home, form, foctory, street, of elc.)	n or obout 21C, WHERE DID (If in Ballimore City, give exect location)					
MEDI	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work						
	22. I certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive		2/2/ 19 lo ta 3/5 19 69 19 19 19 19 19 19 19 19 19 19 19 19 19					
	and hour and fram the causes stated abov		lew the body ofter death.					
	23A. SIGNATURE		anding Med. Shoff St					
23C. PHYSICIAN'S NAME (Type) Stuart V. Grandis M.D. D. D. L. Verci L. Horoita								
24/	REMOVAL (Specify) 248. DATE 240	C. NAME OF CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town, or county) (Stole)					
25/	Burial 3/19/69	Mt. Auburn	Cemetry Baltimore Md 25C. FUNERAL DIRECTOR ADDRESS					
	Maria at the same to be the same to the sa	with the Williams	Adolphus Halstead 1206 W North Ave					
VS	150-REV. 1/1/68							



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12/	30505	BII	RTH NO.) J	-001	CERTIFICA	TE O	F DEAT	ГН	REG. NO	•	69	288
0/X	and and the the		NAME OF DECE		T II or :		TW		2. DA	TE AND	HOUR OF DE	ATH	20	,
1		3.	PLACE IN BALTI	DORSEY				TA HEHA	1 BESIDENCE	3/1	2/69		19	-A
0' W	S) Do	11						II CO SIGIL	. D ₆	COUNT	eceosed lived.	It institution	residence belon	e odmission)
1 %) + 3 . B	H	ILL NAME OF OSPITAL OR STITUTION	ADDRESS OR L	SPITAL OR I	INSTITUT	ON, GIVE STREET	11	ryland		lo.	INSIDE CIT	16-	01
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1	d a d a d a d		e domis	Hopkins	ноѕр	ıtaı			MUM DAA T		(1)			
1	de de de	5,	SEX Je	6. RACE	7	- TX	Name of the same o	B. DATE C			er Str			
	occurr ontribu ermine regula sased is mad	N	Tale	Negro	440	WED X	NEVER MARRIED DIVORCED	1 .	6/07	los	AGE (In years birthdoy) 61	Month	der 1 Yr. II U	nder 24 Hrs. Min.
	- 4 - 4 -	10/	USUAL OCCU	PATION (Give kind of	work TOB, KIN		ISINESS OR INDUSTRY			or foreign		12. C	ITIZEN OF WHA	T COUNTRY
	U	901	Head Wai	orking lile, even if relin ter	Ho.	lland	ers Restura	nt B	altimor	e, Ma	ryland		U.S.A.	•
	if dea rect or (4) Unc was the d spositi	13.	FATHER'S NAM						HER'S MAIDE					
5		_	Richard					L	ottie	Tay	lor			
A	E 0 E 0	15. (Ye	Was Deceased E s, no or unknown!	ver in U. S. Armed If yes, give wor or	Forces? dotes of ser	vicel 16	SECURITY NO.	17. INFOR					ADDRESS	
RT	ssiss th th d d d d fin	L				2	17-09-4636	1	. Lilda	Dor	sey- 12	09 W.	Mosher S	treet
MPORTANI	8 . 8		18. 4/0	OR CONDITION	mins and w		CAUSE OF DEAT	н					APPROXIMAT	E INTERVAL
Σ	so to to		L	EADING TO DEA	TH		AND MEDIATE CAL	ier Up	nfricul	6 10	Februll	c.E.	30%	4. (1-
			(This does not heart failure, a	l mean the mode sthenia, etc. It me	ol dying, ans the dis	e.g.,	(A) IMMEDIATE CAL	A CONSEQ	UENCE OF:		100700	6/102		
2	iner ner. actu pro pro ular mba	Ï	injury at compl	lication which cau	sed death.)			00						
Ę	ami A fr vho reg			CONDITIONS,			(B) DUE TO, OR AS	> C (/ //			••	20	X VS
DIRECTOR:	3) X & & & & & & & & & & & & & & & & & &		rise to the	abave cause (A) stating	the			POENCE OF:					
5			UNDERLING	II			(C)	***************************************	**					
A	B E E S ≯ E	ATION	OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUT	ING								
ER	me me h	CAT	DISEASE OR COL	NOT RELATED TO	PART 1 (A).		CH OPERATION	1204	110000000	AL V. 0	A			
FUNERAL	by a by the thysical by the by	CERTIFIC	0.	WAS	PERFORMED	TOK WHI	CH OPERATION	20A. A	UTOPSY? (Yes	or No. 2	OB. IF YES, WI	CAUSES OF	S CONSIDERED	
品	he re for for		21A. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING	с []	21 B. PL	ACE OF INJURY (e.g., i lorm, foctory, street, al	n or obout 2	O WHERE D	DID 182	(If In Bolt	more City, g	ive exoct location	n)
	l by the spital bure; (2) where s) No pled before	\ V	DEATH (notify m	redicol exomined		etc.l								
	60 t t 0 6	MEDI	OF INJURY	Month! (Doyl (Ye	or) (Hour)	21 E. IN.	JURY OCCURRED		IF. HOW DI	DINJURY	OCCUR?		***	
	a a a a a		(APPROX.)			WORK	At Work							
	0.00.						3/16		10		6.7to	3/17		19 6 9
	of to tall the tall t			st sow the dece			Ve) (did) (d id not) v				n(my) (our)	opinion de	ath occurred	on the date
	ust be a cased to dent of ospital death) must be		23A. SIGNATURE		10160 000	ve. (1) (1	te) (did) (die nor) v	lew the b	ady after de	oth.		23 B, D	ATE SIGNED	
	must eleas ccide ccide to do al m		Realis	end a	Cell-		M D DEGREE Phys	nding 🗌	Med. Director	Stal Phy		-<	3/17/10	2
	0 - 8 - >		230 PHYSICIAN NAME (Typ	S e)	4			23D. ADDR	ESS	•			117101	
	.23726		Richa	ve w. L	ight	-	M. D DEGREE	5	den	Hop	Gen.	16	and al	0
	certification years (1) An D.O.A. at assed priore appropriate appr	24.4	REMOVAL (Spe	ATION, 24B. DATE 3/21/	60	ILL	Auburn Ceme			4D. LOCA		(City, town,		(Stote)
	This certif the body shows: (1) was D.O./ deceased written a	25A	Burial	Y HEALTH DEPT.			AUDUTH Ceme		UNERAL DIRE		imore, N	arylan		
	This the k show was dece		*4	GR I P 1080	1	5 0 0	3.00				tter-303	5 W. N	lorth Ave	•
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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



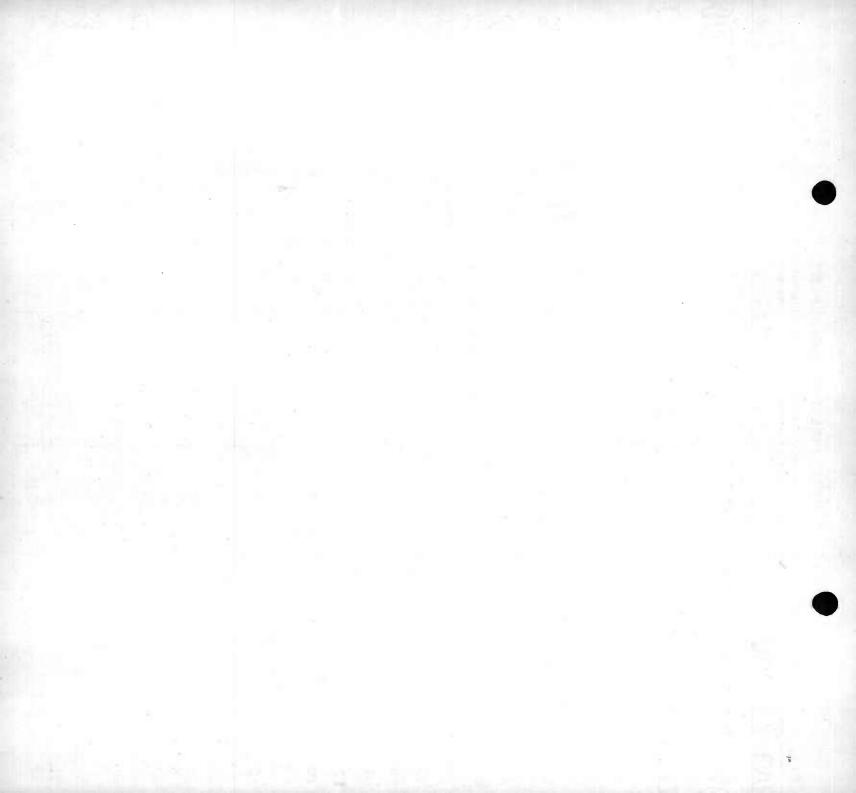
69 2883 BALTIMORE CITY HEALTH DEPARTMENT

69	2883

RIP	TH NO.		MED	ICAL	. EX	CAMINER'S	CERTIFIC	CATE	OF DE	ATH	REG. NO	00	20	<u> </u>
1. 1	1. NAME OF DECEASED (Type or Print) Allen Pollard						2. DATE OF DEATH	Knawn 5	3	1	5 ^{Poy} 1	.969	Hour: 45	PM
4. 1	PLACE IN BALT	TIMORE, MA	RYLAND, V	VHERE PR	ONO	UNCED DEAD	3. DATE		Mon		Day	Year	Haur	171.
HO	L NAME OF SPITAL INSTITUTION		T IN HOSPITA		TITUTIC	N, GIVE STREET		SIDENCE (ased lived.		.969	11:45	PM M.
4	16		ran Hos				A. STATE	Marylar		В. С	COUNTY	2	8-4	//
6.	2.5	7. RACE		B. MARR	IED _	NEVER MARRIED	C. CITY OR	town Baltimo	me	D.	INSIDE CIT	Y LIMITS?		
	Male	Colore		WIDOW		DIVORCED L	E. STREET A				YE	s X	NO 🗌	
	Sept.12,		10. AGE (II last birthda 21			aer i fr. if Onder 24 Hrs, is Days Hours Min.		4001 E		o Ave	•			
11.	BIRTHPLACE (S	tote ar fareig	n country)			ITIZEN OF	13. FATHER							
	Baltimor					SA.	Chri		lard					
	USUAL OCCUI			14B. KIND	OF B	USINESS OR INDUSTRY								
	Laborer					uction	Sara							
	WAS DECEASE , no ar unknown)					17. SOCIAL SECURITY NO. 212-46-1869	Chris	Pollar	d-400	l Eld		Ave.		
	19. 304	1,91				CAUSE OF DEA	тн						PPROXIMATE IN	
		E OR COND		CTLY		Pulmon	ary hem	orrhage	and	edema	due t	0		
	(This does not mean the made of dying, e.g., DUFTO OR A					AUSE						.,,,		
	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) narcotic overdose.													
CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING													
은	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).													
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA					AS PERFORM	ED				21. AUTO	yes	or No)	
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in Baltimore City, give exect location) hame, farm, factory, street, office bldg., etc.)													
Σ	22D. TIME (OF INJURY (APPROX.)	Manth) (D	Year	r) (Hau	'		WHILE	2F. HOW DI	DINJURY	OCCUR?				
	ACTUAL SIGNATU EXAMINI	ER'S		2/	1 A	Inspection Au Suicident Suicident M'D	tapsy 🔀	and that micide CHIEF MEDIC STANT MEDIC	Under CAL EXAMI	termined	manner Ma		DATE SIG 6,1969	
	NAME (TALBURIAL CREAMOVAL (Specifical)	AATION, 2	4B. DATE 3/20/1	969		NAME of CEMETERY		PRY	24D. LOCA		(City, town,		(Sto	ite)
	A. DATE REC'D					OF REGISTRAR		UNERAL DI		THOTE		DDRESS		
231		AR)	1969	23B. IN	AINTE !	2 France		rbert E		ter-3			h Ave.	
VS	151-REV. 1/1/6B			1 13	1	0 0 0	0 0	0 7	0					

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Paragraph of Bullion and Bulli



N= B-21	69 2885 BALTIMORE CITY HEALTH DEPARTMENT
Ma beast	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69 2885
and death death and death n the	1. NAME OF DECEASED (Type of Print) 2. DATE AND HOUR OF DEATH
hone de	Spencer, Baker 5:30 AM 3/16/69
- 0 0 0 ±	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE 8. COUNTY
has property (5)	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Maryland, Ann Amindell 52-00 [C. CITY OR TOWN ID INSIDE CITY LIMITS?
Code Code to to	Di inteles di i camitei
ing ing	Annapplie YES NO E STREET AND NUMBER
D.= L.	BALTIMORE, MD 21205 E. STREET AND NUMBER RT 3 BOX 601 EDGEWATER
F 0 0 0	5. SEY A BACE 17
occur antrib ermin regul	MIDOWED DIVORCED 10-1-01 lost birthdoy Months Doys Hours Min.
E 0 + 0 E	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ar ar nde sin de dec	TUDIN TER MANAGER MANAGER
if de ect of was the iposid	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
F 1 2 .2	Box GERTRUDE HILL
Stant ie dii ind; eath e an	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT / ADDRESS
Ssistant the di the di kind; death ince an	(Yes, no or unknown) (If yos, give wer or dotes of service) SECURITY NO. 578-24-6514 LUCY & BAKER # 4
0 54 50 0 L	18. 7 9 () CAUSE OF DEATH APPROXIMATE INTERVAL
IMPC ar his Alsa, i e of ar nounce attend	DISEASE OR CONDITION DIRECTLY
Tarfording	LEADING TO DEATH Aspiration 3 hours
	heart failure, asthenia, etc. it means the disease.
O -= c o -> E	injury or complication which coused death.)
xam camica A fr wha reg	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF:
2 0 0 0 _ = 0	I have to the applie conse (W) stating the
Medical medical edical burns; (shipsician mas in was in remains	UNDERLYING CONDITION last. (C)
H W Sicolar	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF
chies by a by	
# 410 % B4	In Boltimore City, give exect legation
	S section monthly medical examiner
roved by the hospitary nature; xcept whe sind (6) Nature betained betained betained be	S OF INJURY
rove y ne y ne xce	Work At Work
07 5 6 0 0	22. I certify that (I) (this haspital) attended the deceased from 3/12/69 19 to 3/16/69 19
	that (I) (we) lost sow the deceased alive on
2 To 1 to 1 to 1	and hour and from the causes stated above. (i) (We) (did not) view the body ofter death.
a do E	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Shoff M.
merele icci a h	proces Privile Director L. Phys. L. 37 16 769
was r An a L at o prior	23C.PHYSICIAN'S NAME (Type) 23D. ADDRESS
2.07-2	Revin M. 11 ennes ey, M. D. Johns Hopkins Hospital
L 7 0 0 2	REMOVAL (Specify) (City, fown, or county) (Signal
This certil the body shows: (1) was D.O., deceased	25A. DATE REC'D BY HEALTH DEPT. 1258, NAME OF REGISTRAR 125C. ELLBERAL DIRECTOR
This ce the bod shows: was D. deceas	ABAD 19 19 19 19 19 19 19 19 19 19 19 19 19
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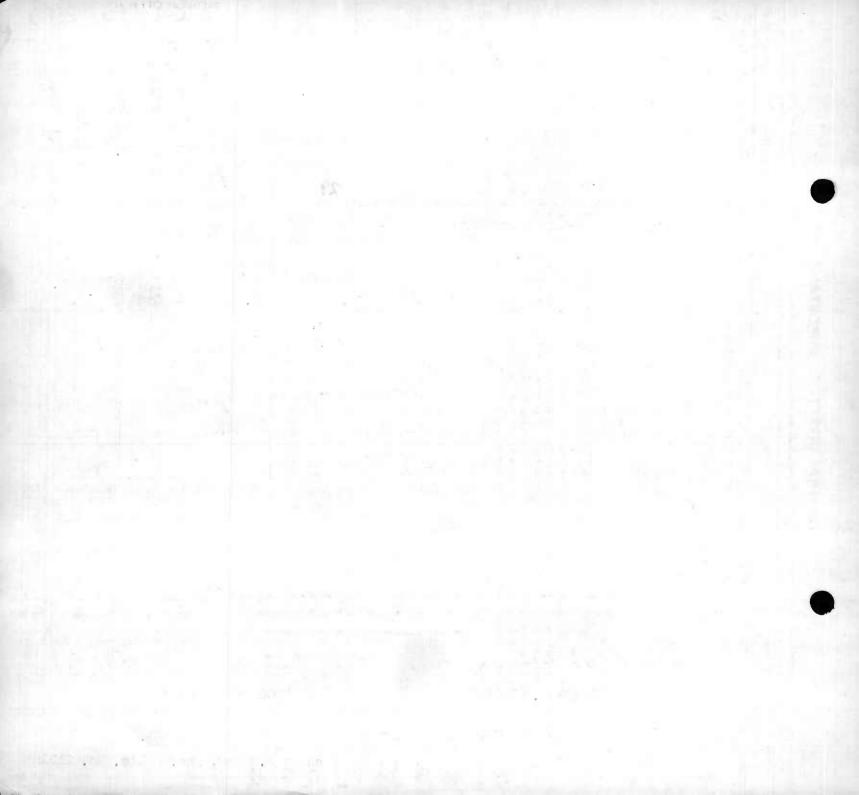
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	5-01	69 2886 BALTIMORE CITY HEALTH DEPARTMENT
	sed the uch	BIRTH NO. Standy John CERTIFICATE OF DEATH REG. NO. 69 2886
	0000	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	hospital use of d (5) Dece ance on death.	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before odmission)
	200	A. STATE B. COUNTY
	cause; (5)	HOSPITAL OR ADDRESS OR LOCATION) [C. CITY OR TOWN D. INSIDE CITY LIMITS?
	E 34.	Franklin Squale Hospilar Ballimore. YES NO
	ibuting ined car ined car ular att att att inede	1717 W. Fayette SI-23
	occurred in ontributing ermined ca regular at regular at eased prior	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lift Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	contrik contrik letermin n regul eceased on is ma	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	0 F D D	Relied Baltimore. Ancelease.
	if deect of the was the iposit	13. FATHER'S NAME
	directly (4) dispose	Moses Starrely Movah Mitchell 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS OF
IMPORTANT	the di the di kind; death ince on final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 216. 28-2137 My Walter Loo 1,292, R. L.
Ö	den Te	18. 2 6 9 91 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z	Also, ee of a or nounce attended med	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Delydvahin Mal muty him
		DUE TO, OR AS A CONSEQUENCE OF:
0	- c o - 5 E	injury or complication which coused death.i ANTECEDENT CAUSES Service Se
C	A A e e	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR:		rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C)
	si si si si	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RA		TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNERA	by a me 2) Body by re the ph physician fore the re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A-DATE OF OPERATION 199A-DATE OF OPERATION WAS PERFORMED 210A-AUTOPSY? (Yes of No.) 210B- IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 211A-ACCIDENT WAS UNDERLYING 1 121B-PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID. 211A-ACCIDENT WAS UNDERLYING 1 121B-PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID. 211A-ACCIDENT WAS UNDERLYING 1 121B-PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID. 211A-ACCIDENT WAS UNDERLYING 1 121B-PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID. 211A-ACCIDENT WAS UNDERLYING 1 121B-PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID. 211A-ACCIDENT WAS UNDERLYING 1 121B-PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID. 211A-ACCIDENT WAS UNDERLYING 1 121B-PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID.
3	== - 6 - 6	OR CONTRIBUTING I CALLES OF
	hospital hospital nature; (ept whe I (6) No ined be	Q 210-TIME (Month) (Day) (Year) Hour 21E INJURY OCCURRED 21E HOW DID INJURY OCCUR
	proved by the hospital ny nature; except who and (6) No btained bo	OF INJURY While AI Not While At Work
	S + × E +	22. I certify that (1) (this hospital) attended the deceased fram 3.13.69 19 to 3.14.69 1960
U	000	that (1) (we) last saw the deceased alive an 3.14 1969 and that in (my) (our) apinion death accurred on the dote
	sed ant pit pit ust	and haur and from the causes stated abave. (1) (We) (dld) (dld nat) view the bady after death.
	SPOPE	Sulvider Securities Attending Med. Staff Director Phys. 238, DATE SIGNED 3:14.69
	0 - 5>	Attending Med. Stoff Director Stoff Stoff Stoff Stoff Stoff Director Stoff Sto
	certificat sody was rs: (1) An D.O.A. at ased pric	24A. BURIAL CREMATION. 24B. DATE 24G. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	" = 2 " o =	Durial 3-17-69 Mt. Calvery Cernilly Briskyn, Ol
	he he hov	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 2590 FUNERAL DIRECTOR ADDRESS



D	-220
	pproved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the sand (6) No physician was in regular attendance on the deceased prior to death. Such sobtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	s: (b)
	is de b
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

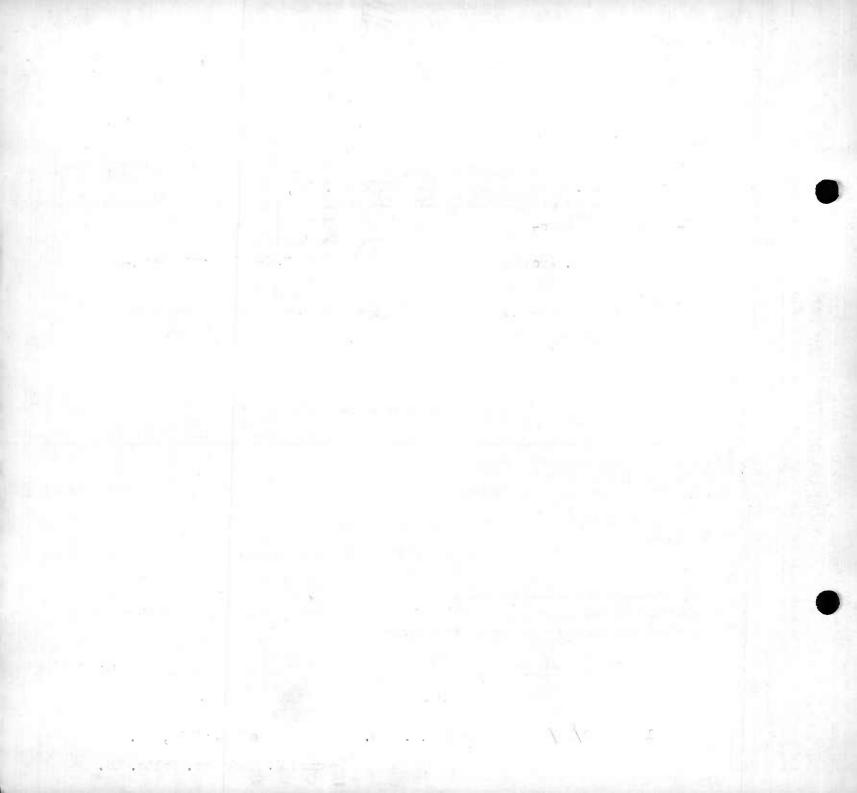
	00	0000	Y HEALTH DEPARTMENT		0000		
BIRTH NO.		2887 CERTIFICA	TE OF DEATH	REG. NO	69 2887		
1. NAME OF DEC	DUKES,	EMMA WHITE		CH 15, 19		0 P	
3. PLACE IN BALT	TIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived If	institution: residence belore od	mission)	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL O	PR INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN		20-02	し	
/ h			BALTIMORE	D. IN	ISIDE CITY LIMITS?		
ST AGNE	S HOSPITAL		E. STREET AND NUMBER		YES NO		
	- HOOT TIAL		2454 W BA	LTIMORE	STREET		
	6. RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	li Under 1 Yr. , Il Under	24 Hee.	
FEMALE	NEGRO wii	DOWED DIVORCED	04 16 02	lost birthdoyl	Months Doys Hours	Min.	
)A. USUAL OCCU	PATION (Give kind of work 108, rosking life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT CO	UNTRY	
HOUS	SEWIFE		SOUTH CAR	OLINA	USA		
FATHER'S NAN	1E		14. MOTHER'S MAIDEN NA	ME			
JAMES	R HUNT		ROSE COBB	FT			
Was Deceased	Ever in U. S. Armed Forces? Of yes, give wor or dotes of a	1 6. SOCIAL	17. INFORMANT	<u> </u>	ADDRESS		
	ar yes, give wor or doles or s	SECURITY NO.	ST AGNES REC	ORDS-RALT			
1B. 25	0.41	CAUSE OF DEAT	H NOTES TO	ONDS DAL	APPROXIMATE INT	FRVAL	
DISEASI	OR CONDITION DIRECTL	.ү	4		BETWEEN ONSET AN	D DEATH	
	LEADING TO DEATH	(A) IMMEDIATE CAL	SELCUTE ANTERNA	STOPAL + To	158:00		
(This does no	I meon the made of dyingsthenia, etc. It means the c	g. e.g., DUE TO, OR AS	A CONSEQUENCE OF:	1 7	7 CHOP.		
injury or comp	lication which caused death	1,)	MYOCARDIAL-IN	JACVION.			
A	NTECEDENT CAUSES	611221	- AFDIAL TIL	11. 7 1			
DISEASES OF	CONDITIONS, il ony,	giving DUE TO, OR AS	- ATRIAL FIBE,	INPION.			
rise to the	obove couse IA) stolin	ng the	Ves-mestivos.				
ONDEREING		(c) 7/4 6 c	C 3-MENTINOS.				
ITO THE DEATH	FANT CONDITIONS CONTRIBUTIONS TO THE TER	MINIAI					
LIDISEASE OR CO	NOTION GIVEN IN PART 1 (A	***************************************		***************************************			
(2)	WAS PERFORME	ED	NO	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?		
DEATH thothly n	T WAS UNDERLYING THO CAUSE OF nedical examined	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID injury OCCUR?	(If In Boltimo	are City, give exact location)		
	Month) (Doy) (Year) (Hou	The state of the s	21F. HOW DID INJU	JRY OCCUR?			
(APPROX)		While Al Work Not While	· 🗆				
22. I certify t	hot (1) (this hospital) atta			. 69 . мл	RCH 15 19 6	-0	
22. 1 certify that (1) (this hospital) ottended the deceased from MARCH 15 19 69 to MARCH that (1) (we) last saw the deceased alive on MARCH 15 19 69 and that in (my) (our) opinion de							
ond hour and	from the causes stated ab	ove. (1) (We) (did) (did nat) v	lew the body after death.	•			
23A. SIGNATUR	5				23B, DATE SIGNED		
	maxing		nding Med.	Staff XX	03 15 69		
23C. PHYSICIAN NAME (Typ	S el	GEGREE	3D. ADDRESS	ily 3.	72 .2 03		
	M. ALVAREZ	M	CT ACMED HOO	D CATON	0 1111 1/21/0		
A. BURIAL CREM	ATION DATE	24C. NAME & CEMETERY OF CRE	ST AGNES HOST		E WILKENS AVE	lotel	
REMOVAL CP	2-12/9	Whoto no Com	rolery 1	the table	1.15 19 MILE OF COUNTY (2)	7	
A. DATE REC'D B	Y HEALTH DEPT. 2SB. N	IAME OF REGISTRAR	25C. FUNERAL DIRECTOR	unier	ADDRESS .	Ma	
MA	R & & 1869 (1.2.	of Enda Broken	Just for Rome	1 F. 81	2222 W NARTS	KAI	
150-PEV. 1/1/68			A CONTRACTOR	January 1	アレファス		



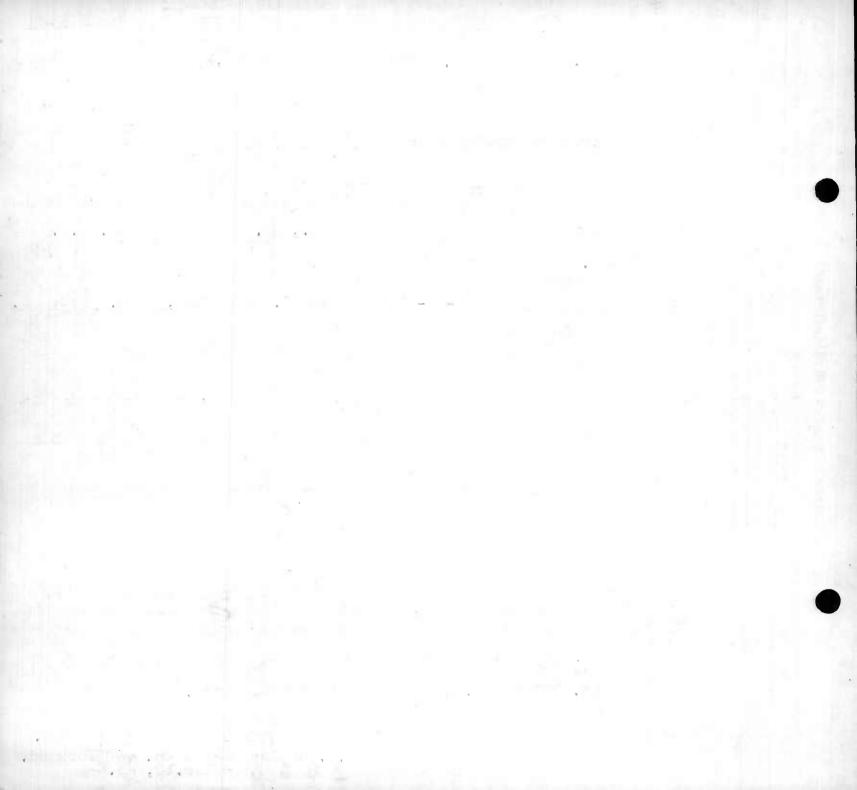
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Carp Strain licentelle garies 16 leads . B. ing for L KEIN Mr. 93 Forther & ME BAHEMBELLING

BIR		FICATE OF DEATH REG. NO. 69 2830
1. N (Ty)	AME OF DECEASED DO OF Print! Richard Wilson Troutman	March 16, 1969 1:15 P.
FU HC	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR SSPITAL OR ADDRESS OR LOCATION) STITUTION	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	Good Samaritan Hospital	Baltimore E. STREET AND NUMBER 2405 Hamilton Avenue 21214
	Male Cauc. 7. Married Never Marr	Oct. 25, 1908 60
don.	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN educing most of working life, even if relied) LF—Employeed Auto Salesman	Maryland USA
	Clarence W. Troutman	Sophia XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(Yes	Was Deceased Ever in U. S. Armed Forces? s,no of unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO 215-09-	
z	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES	Carcinoma of the lung 6 months O, OR AS A CONSEQUENCE OF: O, OR AS A CONSEQUENCE OF:
ERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	N 20A AUTOPSY? (Yes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJU OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJU home, form, foctory, etc.)	RY (e.g., in or obout 21C. WHERE DID street, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yeorl (Hour) 21E, INJURY OCCUR While At Work	Not While
	22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an March I and haur and from the causes stated above. (1) (We) (did) (23A. SIGNATURE) 23C. PHAME (Type)	and that in(my) (our) opinion death accurred on the da
	Michael Colvin M.D. Burial cremation, 24B. Date 24C. Name of CEMETER Burial 3/20/69 Jessops M.E	. Cem. Cockeysville, Md.
	A DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 150-REV. 1/1/68	Leonard J. Ruck Inc. Balto. Md.



VS 150-REV. 1/1/6B



BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

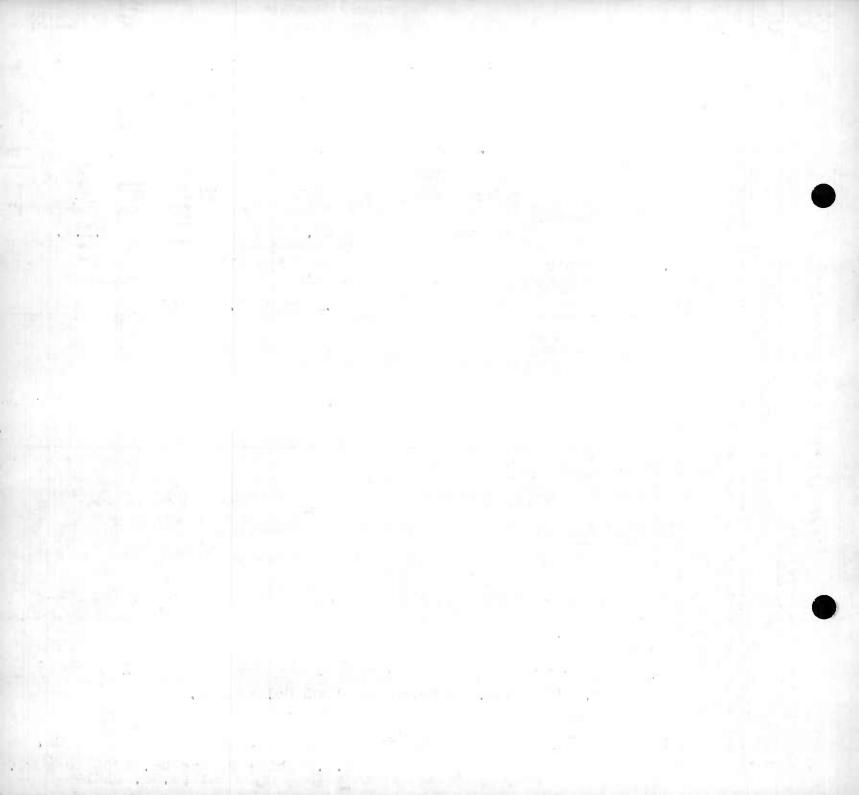
VS 150-REV. 1/1/6B

If Under 1 Yr. Months! Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Mrs. Ruth S. Graw. 720 Overbrook Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the dote (City, town, or county) Balto.Co., 4905 York Rd

NO.

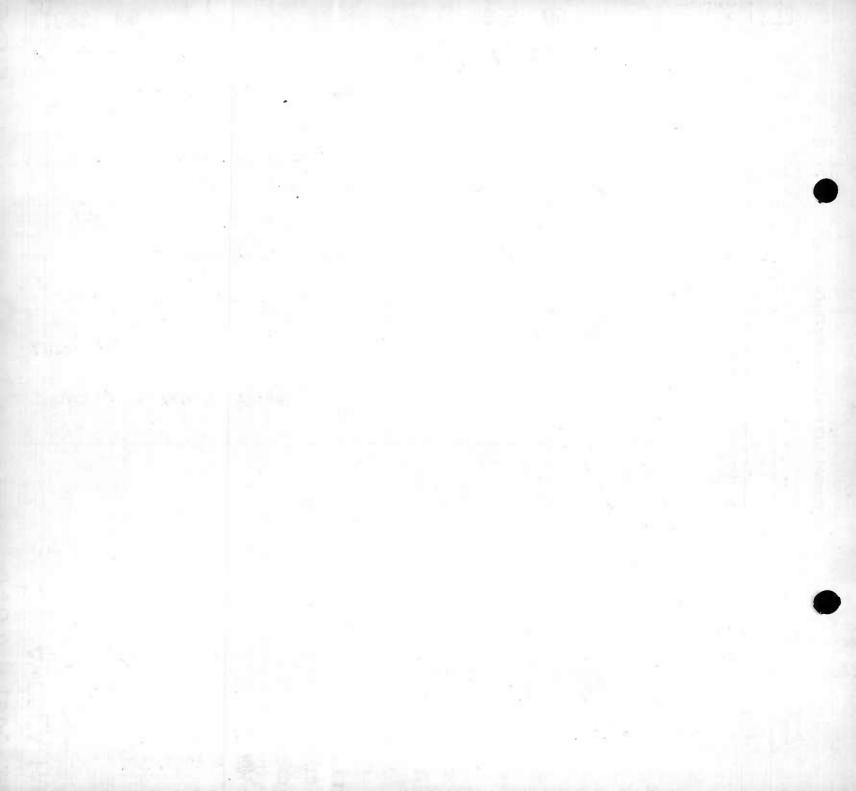
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VS 150-REV. 1/1/68

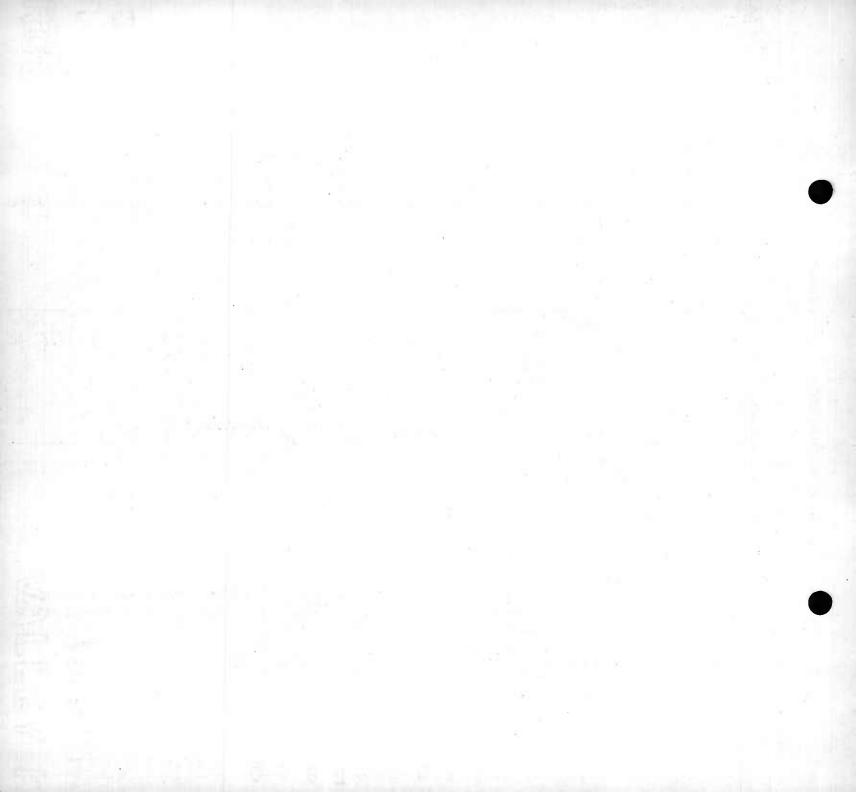


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	This certificate must be approved by the chief medical examiner ar his assistant if death occurred in a haspital and the bady was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Bady burns: (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a haspital (except where the physician wha pronaunced death was in regular attendance an the deceased priar to death); and (6) Na physician was in regular attendance on the deceased priar ta death. Such written appraval must be abtained befare the remains are embalmed ar final dispasition is made.
	A	pri
	# 15	o p
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	This certificate must be approved by the chief medical examiner ar his assistant if death occurred in a haspital and the bady was released to the hospital by a medical examiner. Also, if the direct or cantributing cause of death the shows: (1) An accident of any nature: (2) Bady burns: (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a haspital (except where the physician wha pronaunced death was in regular attendance an the deceased priar to death); and (6) Na physician was in regular attendance on the deceased priar ta death. Such written appraval must be abtained befare the remains are embalmed ar final dispasition is made.

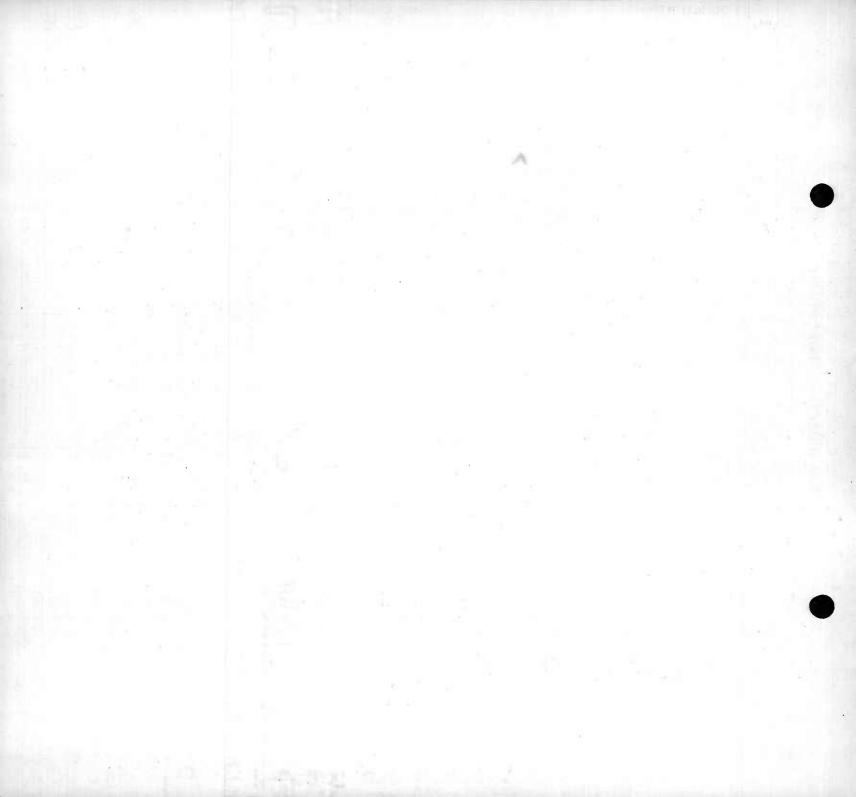
OK.	CO COOA BALTIMORI	E CITY HEALTH DEPARTMENT					
3	BIRTH NO. 69 2894 CERTIF	ICATE OF DEATH REG. NO. 69 2894					
	1. NAME OF DECEASED (AMELIA MARIE ECKERT) (Type or Print) Amelia M. Eckert	3-17-69 YYS A.M.					
4	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRODUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE HOSPITAL OR INSTITUTION) ADDRESS OR LOCATION) M. General Hospital	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY C. CITY OR JOWN C. CITY OR JOWN E. STREET AND NUMBER A. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) B. COUNTY D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER					
5		3406 Dudley Ave.Baltimore Md.21213					
E	S. SEX 6. RACE 7. MARRIED NEVER MARRIE WIDOWED DIVORCE	- 21 OV lost bitingdy//					
1011	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IND done during most of working life, even if retired) Housewife and Nurse	Baltimore Md. 12. CITIZEN OF WHAT COUNTRY?					
not space in	13. FATHER'S NAME VULU P. Ruesette	14. MOTHER'S MAIDEN NAME A U.S. Sta Bungert					
Bull	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) NO 16. SOCIAL SECURITY NO.						
is are embaimed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving itse to the above couse (A) stating the UNDERLYING CONDITION last. (C)	or as a consequence of: 1) man consequence of: 1) man consequence of: 1) months					
are the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 3 - 14-69 WAS PERFORMED THE PROPERTY OF THE PROPERTY O	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
Detar	Q 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE/OF INJURY	Y (e.g., in or obout 21C. WHERE DID reet, office bldg., INJURY OCCUR?					
dined	21D. TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRE OF INJURY	ED 21F. HOW DID INJURY OCCUR?					
De abto	22. I certify that (I) (this hospitet) attended the deceased fram 3 - 10 19 67ta 3 - 17 19 67, that (I) (we) tast saw the deceased alive an 3 - 17 19 65 and that in (my) four opinion death accurred an the date						
appraval must b	and haur and fram the causes stated above. (1) (West (stid)) did 23A, SIGNATURE MANUE And Andrew A	Attending Med. Director Phys. Attending Staff Director Phys. Director Phys. 238, DATE SIGNED 3-17-69					
pprav	PHYSICIAM'S NAME (Type) MARVIN C SACHS, M.	Pegree Md. Ceneral Hys,					
written	24A. BURIAL CREMATION, 24B. DATE 24C. NAMÉ OF CEMETERY BUrial Mar. 20.1969 Baltimore 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Cemetery Baltimore Md.					
3	VS 150-REV. 1/1/68	HENRY SANDER & SONS.INC.					



VS 150-REV. 1/1/6B

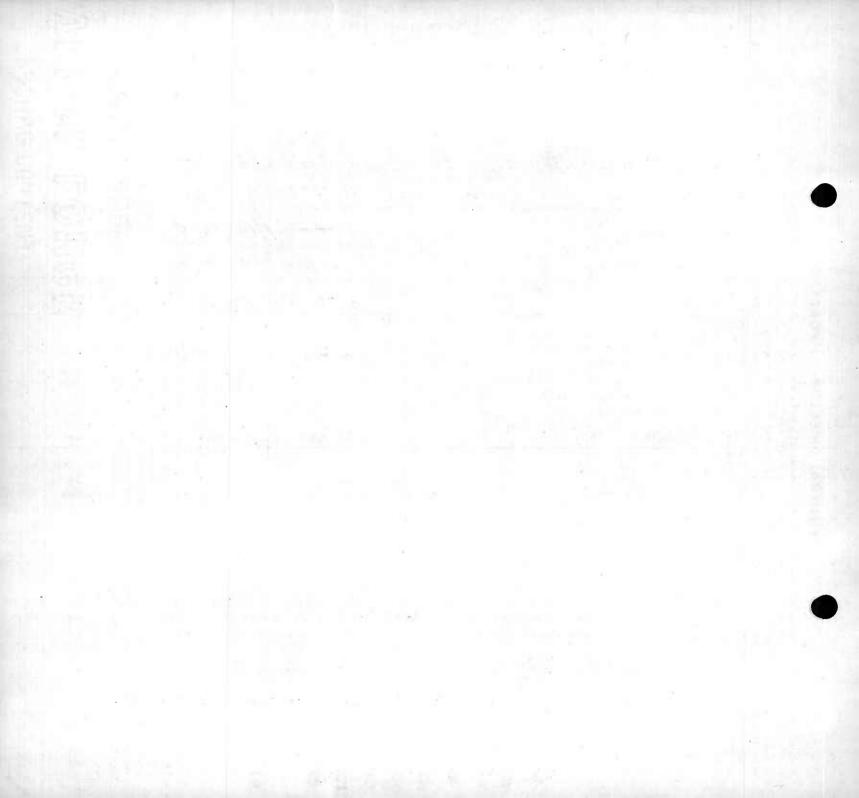


	CO	BALTIMORE CITY	HEALTH DEPARTMENT	00000					
	69	2896 CERTIFICA	TE OF DEATH REG. NO.	69 2896					
1. N	AME OF DECEASED or or Print) Charles	Raymond Fuller	2. Date and hour of Dea March 16,196	59 51 75 4 76					
3. 8	PLACE IN BALTIMORE, MARYLAND, WHE		4. USUAL RESIDENCE (Where deceosed lived, I	ノ・エン・エ・バ・ ハ					
FUI		OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY Maryland	2-03					
INS	TITUTION			NSIDE CITY LIMITS? YES X NO					
0		Street	Baltimore 21231						
5. S	EX 6. RACE 7.	ALABRICO DA LEVER ALABRICO D	B. DATE OF BIRTH 9. AGE (In years						
	F W v	MARRIED NEVER MARRIED DIVORCED DIVORCED	Aug. 9, 1887 lost birthdoy 81	Months Doys Hours Min.					
lone	USUAL OCCUPATION (Give kind of work 101) during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY					
]	Drill Press Operato	or Retired	Baltimore Maryland	USA					
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	Charles	Fuller	Laura Sewell						
Yes	Nos Deceosed Ever in U. S. Armed Forces ,no or unknown) (If yes, give wor or dates o	f service) SECURITY NO.	17. INFORMANT	ADDRESS					
]	NO ON	216 05 8281	Mrs Margaret Schill	ing 520 S. Bond.					
DICAL CERTIFICATION	WAS PERFOR 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (Year) (1	giving DUE TO, OR AS (C)	n or obout 21 C. WHERE DID (If in Bolti	RE FINDINGS CONSIDERED CAUSES OF DEATH?					
MEI	OF INJURY (APPROX.)	While At Not While At Work		1.6.60					
	22. I certify that (I) (this haspital) attended the deceased fram 19 9 to March 19 9 to that (I) (we) last saw the deceased alive an the date and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.								
	23A. SIGNATURE	abave. (i) (we) (ala) (ala nai) v	new the bady affer death.	23B, DATE SIGNED					
	1.500 P. A.		ending Med. Staff	3/17/69					
	23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	3/1//09					
	Walter A.	Anderson M.D.	3661 Shannon Drive						
244	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR		(City, town, or county) (Stote)					
	Burial 3/19/69	Oak Lawn	Baltimore	Maryland					
25A		B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	NS INC.					
_	1860 16 1969 (12 AL	DE WORKER D	D DESTINORE MARYLAN	D 21213					





VS 150-REV, 1/1/6B



69 2899 BALTIMORE CITY HEALTH DEPARTMENT

			MED	DICA	L E	KAMINER'S	CE	RTIF	CATE	OF	DEAT	H REG.	NO	17		000
BIRTH		TACED					IIo	DATE			N. d				C.	
(Type	1. NAME OF DECEASED (Type or Print) SOLOMON CHAPPELL							OF DEATH	Known Estimot		March	16,		9 Yeor	10:15	A
4. PL/	ACE IN BAL	TIMORE, MA	ARYLAND, Y	WHERE F	RONC	DUNCED DEAD	3.	DATE			Month	Doy		Yeor	Havr	
HOSPI	NAME OF	(IF NO	T IN HOSPIT	AL OR IN	STITUTIO	ON, GIVE STREET			UNCED DE		March				10:15	
0		26 N. M	lonroe	Stre	et ((DOA)		. STATE	Mary1			ed. If inst B. COUI		esidence	before admis	sian)
6. SE	(7. RACE		8. MAR	RIED 2	NEVER MARRIED] c	CITY O	RTOWN			D. INSI	DE CITY	LIMITS?		
	11e	Neg		WIDO					timore				YES	X	NO 🗆	
	14-19		10. AGE (I	in years		nder 1 Yr. If Under 24 Hr hs, Days, Haurs, Mir			N. Mo		Stree	t				
		State ar fareig	an country)		12 6	ITIZEN OF	12		R'S NAME							
		oston				WHAT COUNTRY?	,		is Go	odw:	in					
14A.US	SUAL OCCU	PATION (Giv	e kind al wark	148. KIN	D OF	BUSINESS OR INDUST	RY 1:	MOTH	ER'S MAIDE	N NAM	ΛE					
		oreman						Vi	rgini	a Cl	happe.	1.1				
				D FORCE	S?	17. SOCIAL	18	INFOR		u 0,	Tappo.		ADD	RESS		Blv
(Yes, n	o ar unknawn	ED EVER IN (If yes, give v	war or dates	ol servic	e)	230-07-69	24	Mrs	. Ada	M.	Chap	pell			arris	
19.	011	19 1				CAUSE OF DE									PPROXIMATE IN VEEN ONSET A	
		E OR COND		CTLY		Pu1mon	ar	Tub	erculo	oric						
		LEADING TO				(A)IMMEDIATE	CAL	SE								
	heart failure injury ar can	ot meon the , asthenia, etc nplication which	mode of do the desired the chicoused de	ying, e.g. e disease, oth.)		DUE TO, O	R AS	A CONSE	QUENCE OF:							
		NTECEDENT		V 00000		(B)	D AC	A CONS	QUENCE O	C.						
	RISE TO THE	OR CONDITIE	USE (A) STA	TING TH	E	DOL 10, 0	N AS	A CONS	EQUENCE O	Γ;						
Z	UNDERLYIN	NG CONDITI	ION LAST.			(c)										
			11		_								_			
\S	OTHER SIGN	ATH BUT NOT	NDITIONS C	ONTRIBU	JING											
EL	DISE ASE OR	CONDITION	GIVENINE	PART 1 (A	.).										***********	
CERTIFICATION	A. DATE OF	POPERATION	N 20B. CO	NDITION	FOR	WHICH OPERATION	NAS	PERFOR	MED				1	21. AUTC	PSY? (Yes o	r Na)
0														r	10	
	NDERLYING	NAL CAUSE OR CON USE OF DEA	ITRIB-		228. hame	PLACE OF INJURY (e.g., lorm, lactary, street, af	i., in fice b	or about dg., etc.)	22C. WHER INJURY OC	E DID (lf in Baltimar	e City, gi	ve exact	lacation)		
	D. TIME		Day) (Yeo	or) (Ha	ur) 2:	ZE.INJURY OCCURRED)	-	22F. HOW I	DID IN	URY OCCL	IR?				
	F INJURY APPROX.)				W	/HILE AT NO	OT W									
23					m. V	ORK L	WOR	к 🗀]								
	I cert	ify that I h	eld an	Inquiry		Inspection X	utar	sy 🗍	and the	at an th	is basis,	death i	n mv ai	pinian		
						ccident Suic					-					
	16301	led II dill. IV)	d a ses	. ^		iue	_ "	CHIEF MED				mer			
	ACTUAL	1/	, ,	19,	1/	11		400							DATE SIGN	NED
	SIGNATI		wed	n	la	M	D.	ASS	ISTANT MEI	DICALE	XAMINER			2/17/	160	
	EXAMIN		noll w	77 -		M T		ASS	OCIATE MEI	DICALE	XAMINER			3/17/	09	
24A.	NAME (1		MAID N	· Ko		um, M. H.	Y ar	CREMAT	ORY	24D.	LOCATION	(City	, town.	or county) (Stat	te)
	OVAL (Speci															
	urial		3-19	-69		Mt. Aubu	rn		- offe		Balti	more	4		aryla	nd
I OF A F																
23A.	DATE REC'D	BY HEALTH	DEPT.	258.	NAME	OF REGISTRAR	k,		RTON			F.H.		ORESS	auren	s St

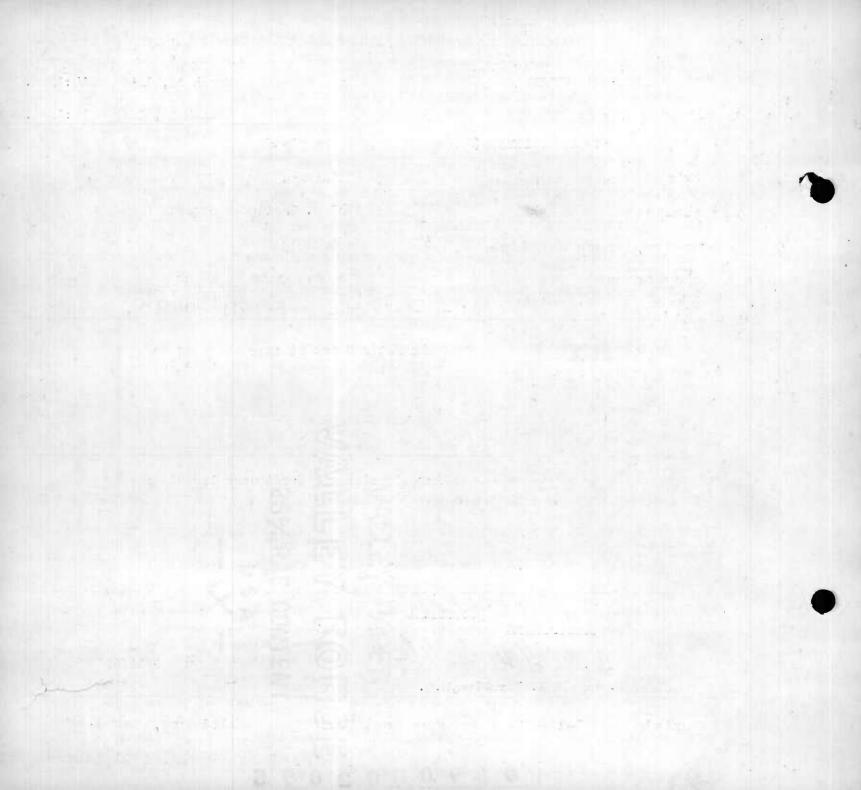
per life in the property of the fall of the court CABBAS BEEF

69 2900 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69	2500

BIRTH NO.			.AAMII YER O			DEATI	REG. NO.			
1. NAME OF DEC	CEASED AMBROSE WYL	TE		2. DATE OF	Known 🔲	Manth	Day	Year	10:15	^
	LTIMORE, MARYLAND, V		IOUNCED DEAD	DEATH 3. DATE	Estimoted L	Month	h 14,	Yeor	Hour	M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU		PRONOL	INCED DEAD	Mar	ch 14,	1969	10:15	111
	ON SECOURS HO	SPITAL	(DOA)		Maryland		d. If institution COUNTY	n: residence	before odmission)
6. SEX	7. RACE		NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS'		
Male 9. DATE OF BIRT	Negro	WIDOWED	DIVORCED Under 1 Yr. If Under 24 Hrs.		timore		Y	ES 🗶	NO 🗌	
1-2-19	lost birthdo	6 Mo	nths, Doys, Hours, Min.		W. Lexi	ngton St	reet			
	Stote or foreign country) South Car		CITIZEN OF WHAT COUNTRY?	13. FATHER'	NAME Wylie					
4A.USUAL OCCU	JPATION (Give kind of work working life, even if retired)		BUSINESS OR INDUSTRY	15. MOTHER						
Longsho	SED EVER IN U.S. ARMED	FORCES?	17. SOCIAL	18. INFORM	d.	. =	A	DDRESS		
(Yes, no or unknown	(If yes, give wor or dotes	of service)	17. SOCIAL SECURITY NO. 249-10-667			Wylie			Lexingto	n
19.	S- Vi		CAUSE OF DEA		3				APPROXIMATE INTERV	VAL.
	SE OR CONDITION DIRE		(A)IMMEDIATE C	CAUSE	rt Disea	se				
heart failure injury or co	not meon the mode of dy e, asthenia, etc. It means the mplicotion which coused de	oth.)	DUE TO, OR A	AS A CONSEQ	UENCE OF:					
DISEASES RISE TO TH UNDERLYI OTHER SIGN TO THE DE	INTECEDENT CAUSES OR CONDITIONS, IF ANY IE ABOVE CAUSE (A) STA NG CONDITION LAST. II NIFICANT CONDITIONS C ATH BUT NOT RELATED TO	ONTRIBUTING	(c)	as a consecutive sclerot:	LC Cardi	ov a scula	r Disea	ase		
20A. DATE O	F OPERATION 208. COI		R WHICH OPERATION W	AS PERFORM	ED				OPSY? (Yes or No	0)
UNDERLYING	RNAL CAUSE WAS G OR CONTRIB-	228 hon	.PLACE OF INJURY(e.g., ne, form, foctory, street, offic	in or obout 2 e bldg., etc.)	2C. WHERE DIE	(If in Boltimore	City, give ex	oct locotion)	_
DE UTING CAPPROX.)	AUSE OF DEATH. (Month) (Doy) (Yeo			WHILE 2	2F. HOW DID I	NJURY OCCU	??			
	TURE ALLE NER'S Pare 1 d. N	nquiry D		topsy Ho	ond thot an micide CHIEF MEDICAL STANT MEDICA CIATE MEDICA	EXAMINER [ed monner		DATE SIGNED)
24A. BURIAL CRE REMOVAL (Spec Burial	MATION, 248. DATE	2	Arbutus Me			Balti	(City, tow	n, or count	(Stote)	
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C. F	UNERAL DIREC			ADDRESS	1	
	-0.6 Valdoso		, 0 0 5	MC	RTON &	DYETT	F.H.	1701	Laurens	3 5
S 151-REV. 1/1/6					T 2 E 3					



IMPORTANT

FUNERAL DIRECTOR:

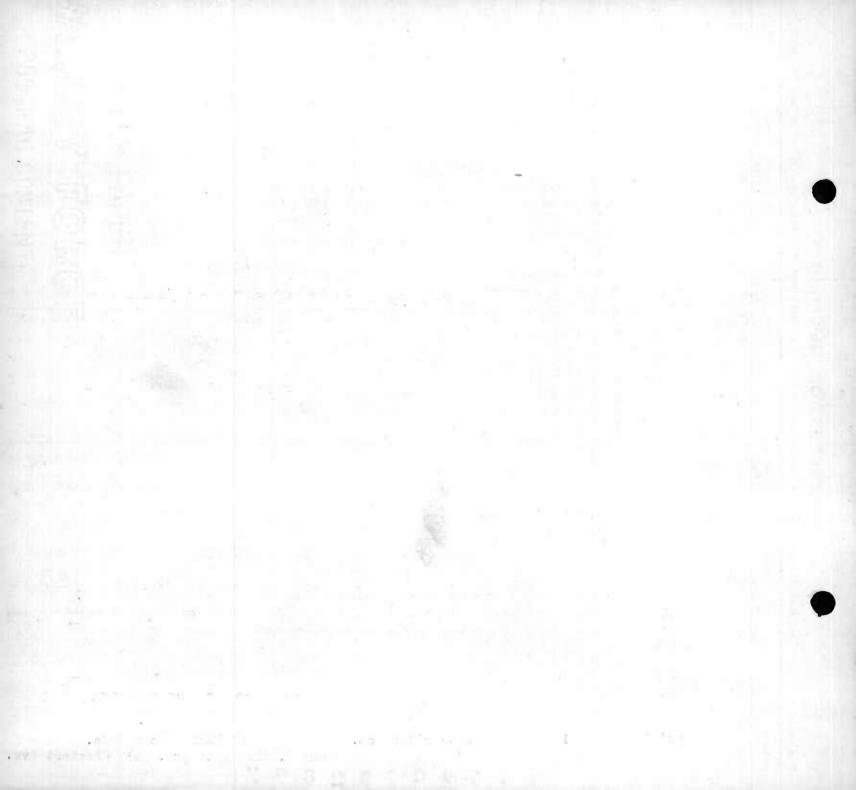
d		RE CITY HEALTH DEPARTMENT
4	BIRTH NO. 69 2901 CERTII	FICATE OF DEATH REG. No. 69 2001
Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Ė	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
death.	FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION, GIVE STRE	Md. 20-01
و ع	โทร์ที่บับกิดที่	Baltimore PES NO
prior	Suniversity of Maryland Ac	Sp. E. STREET AND NUMBER 1915 W. Lexington Jt.
tion is mad	5. SEX 6. RACE 7. MARRIED NEVER MARRI TEMAL NEGTO WIDOWED DIVORC	ED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Yr. If Under 24 Hrs. Months Deys Hours Min.
n is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
final disposition	Ketired	N.C., Chockwinity UJA
pos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
dis		trances Bright
9 0	15. Wes Decessed Ever In U. S. Armed Forces? Yes, no or unknown) Ill yes, give wer or deles of service) 16. SOCIAL SECURITY NO	ADDRESS
	NO.	Mrs. Jusie Harris 304 Allerdale St
embalmed or fina	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E	(This does not mean the mode of dying, e.g., (A)!MMEDI.	ATE CAUSE / W O COUNTY / W O COUNTY / O COUN
nbo	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	15
	ANTECEDENT CAUSES	43 CUN
s are emba	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the	OR AS A CONSEQUENCE OF
us l	UNDERLYING CONDITION last. (C)	
E E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
2	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
4	198 CONDITION FOR WHICH OPERATION	IN CERTEVING CAUSES OF DEATHS
or o	U 21A ACCIDENT WAS UNDERLYING TO 1218 PLACE OF INJURY	100 / 100
before the remains are	OR CONTRIBUTING CAUSE OF home, lemm, loctory, at	Yeeg, in or about 21G, WHERE DID (II in Boltimore City, give exect location) theel, office bldg, INJURY OCCUR?
obtained	21D-TIME IMonth) IDoy) Ifeor) (Hour) 21E INJURY OCCURN While At Work	ED 21F. HOW DID INJURY OCCUR?
ţ.	22. I certify that (1) (this hospital) attended the deceased from	
0 0	that (i) (we) last saw the deceased alive on 3-15	19 49 and that In(my) (aur) apinian death occurred on the date
ts	and have and from the causes stated above. (1) (We) (dld) (dtd	
must be	23A. SIGNATURE	Attending Med. Staff 2
>	23C.PHYSICIAN'S	
written approval	RUTH ANN PRZYBYSZ M.D.	OFFICE Speciality of Ma. Hospital
2 2	AA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY BEMOVAL (Specify)	or CREMATORY 24D. LOCATION ICity, town, or county) (Siete)
# # F	Bueial 3-19-69 Ht, Hubur	
× ×	*LUV	25C. FUNERAL DIRECTOR ADDRESS HOREN NO DICHF. H. 1701 LAUREUS St.
- 11	MAD IN 10G DOLLO	There was byett +. H. 1701 Laureus of.



E. STREET AND NUMBER S. SEX	
MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NOT SET SIGNATION OF SUSTRICT NAME NOT SET STATEMENT NAME NOT SET STATEMENT NAME NOT SECURITY NO. 2/2-/6-873 / AUTHORIST NAME 15. Was Deceased Ever in U. S. Armed Forces? (Pes, no grunknown) (Iff yes, give wor or doles of service) No. 2/2-/6-873 / AUTHORIST NAME 18. CAUSE OF DEATH AUTHORIST NAME 19. CAUSE OF DEATH AUTHORIST NAME 19. CAUSE OF DEATH AUTHORIST NAME 10. IMMEDIATE CAUSE NAME 10. IMMEDIATE	RESS OXIMATE INTERVAL
done dyfish most of working life, even if retired) 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lift yes, give wor or dates of service) 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lift yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 2/2-16-873 / CAUSE G. MILLERY 12.2 E TIME CAUSE OF DEATH — A CALL FUNCTION OF SETWEEN IN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	RESS OXIMATE INTERVAL
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The property of the property o	OXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. it meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. (A) IMMEDIATE CAUSE (A) CAUSE OF DEATH — A CAUSE perturbation of ETWEEN SETWEEN SE	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost. (B) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FART 1 (A).	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	29
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A).	1:
IN CERTIFYING CAUSES OF DEATH?	SIDERED 7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While At Work Not While At Work	60
22. I certify that (this haspital) attended the deceased from 2 19 19 ta that (the last saw the deceased alive an 19 and that in (my) (saw) apinian death accurately a saw the deceased alive an 19 and that in (my) (saw) apinian death accurately a saw the deceased alive an 19 and that in (my) (saw) apinian death accurately a saw the deceased alive an 19 and that in (my) (saw) apinian death accurately a saw the deceased alive an 19 and that in (my) (saw) apinian death accurately a saw the deceased alive an 19 and that in (my) (saw) apinian death accurately a saw the deceased alive an 19 and that in (my) (saw) apinian death accurately a saw the deceased alive an 19 and that in (my) (saw) apinian death accurately a saw the deceased alive an 19 and that in (my) (saw) apinian death accurately a saw the deceased alive an 19 and that in (my) (saw) apinian death accurately a saw the deceased alive an 19 and that in (my) (saw) apinian death accurately a saw the deceased alive an 19 and that in (my) (saw) apinian death accurately a saw the deceased alive an 19 and that in (my) (saw) apinian death accurately a saw the deceased alive an 19 and that in (my) (saw) apinian death accurately a saw the deceased alive and the saw that a saw the deceased alive and the saw that a saw that	urred on the do
and hour and fram the causes stated abave. (I) (We) (did) (dtd not) view the bady after death. 23A. SGNATURE Attending Med. Shaff Phys. Director Phys.	HED GO
DEGREE Phys. Director Phys. Director Phys. BAL 23C. BHYSICIAN'S Phys. BAL 23D. ADDRESS BAL 23D. ADDRESS BAL 23D. HOSP. CALVERT & 33RI 24D. HOSP. CALVERT & 33RI	LTO 18 N

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



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R-260

VS 151-REV. 1/1/6B

69 2904 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	FYAMINER'S	CERTIFICATE	OF DEATH
MILDICAL	LVWMIII AFK 2	CERTIFICATE	OI DLAIII,

			MED	-	-	AMINER'S			DEAT	H REG. NO	69	2904
BIR	TH NO.									KEO, 140.		
	NAME OF DEC		IOMAS	ROS	TER		2. DATE OF DEATH	Known XX	Month 3	Doy 1 1	Yeor 69	12 - 10 - M
4.	PLACE IN BALT					UNCED DEAD	3. DATE		Month	Doy	Yeor	12:10 M
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	סוזטזוז	N, GIVE STREET		JNCED DEAD	March	11,	196	The state of the s
4	14	Union	Memoria	al Ho	ospi	tal	A. STATE	Maryland		B. COUNTY	13	-48
6.	SEX	7. RACE	0.00			NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
	Male	White		WIDO	WED [DIVORCED 🔣	Balt	.0.		YE	s n	NO []
9. [DATE OF BIRTH		10. AGE (In			der 1 Yr, If Under 24 Hrs.		AND NUMBER				
	10/23/21		lost birthdoy	/}	Month	Doys Hours Min.	12	200 W. 36t	h Stre	et		
_	BIRTHPLACE (S		1		12. CI	TIZEN OF	13. FATHER		II DELE	CL		
					W	HAT COUNTRY?			1			
144	HSHAL OCCU	Md.	a kind of work	AR KINI	D OF B	USINESS OR INDUSTRY	15 MOTHE	P'S MAIDENI NIA				
don	e during most of w	orking life, e	en if retired)				13. MOTHE	A S MAIDEN NA				
	tationar	9				r Corp.			3			
16. (Ye	WAS DECEASI	(If yes, give	WW11	of service	S? e)	17. SOCIAL SECURITY NO. 213-14-9349	1B. INFORM	nie D. Sm	lth 334		ok Rd.	
	19.	1 00				CAUSE OF DEA	TH					PROXIMATE INTERVAL
	0 //	10									BEIWI	EEN ONSET AND DEATH
		E OR CONL	DITION DIREC	LILY			Fa	tty liver				
			mode of dy	ing, e.g.,		(A) IMMEDIATE C	AS A CONSEQ					
	heort foilure,	osthenio, etc	. It meons the	diseose,		DUE 10, OK 2	AS A CONSEQ	DENCE OF:				
	114019 01 0011	ipiicolloli wii	cii coosea acc	,								
	AN	TECEDENT	CAUSES			(B)						
	DISEASES C	RCONDITI	ONS, IF ANY	GIVING	2	DUE TO, OR	AS A CONSE	QUENCE OF:				
_	UNDERLYIN			ING IN		(c)						
O						(c)						
TY	OTHER SIGN	IFICANTO	II NDITIONS CO	NTRIBI	ITING							
S	TO THE DEA	TH BUT NO	T RELATED TO	THE TERM	MINAL							
H			GIVEN IN PA			AVUICU ODED ATIONI MI	AC DEDECTA				121 AUTO	PSY? (Yes or No)
CERTIFICATION	2	OPERATIO	14 20b. CON	MUIIION	FORV	WHICH OPERATION W	AS PERFORM	ED			ZI. AUIO	P347 (162 01 140)
7	\sim											YES
EDICA	UNDERLYING		ITRIB-		home,	LACE OF INJURY (e.g., form, foctory, street, office	in or obout 2 e bldg., etc.)	NJURY OCCUR?	(If in Boltimor	re City, give exo	ct locotion)	
Σ	22D. TIME (Doy) (Yeor) (Hou	ur) [22	E.INJURY OCCURRED	2	2F. HOWDID IN	JURY OCCI	JR?		
	(APPROX.)						WHILE					
	23.				m. W	ORK AT W	ORK					
		for shoe I I	neld on I			Inspection Au	topsy XX	ond that an t	hie hoeie	death in mu	aninian	
				-	**							
	result	ed from	Vatural cau	ses 🛆	ACAC	cident U Suicid		omicide 🔲		ned monner L		
	A CTUAL	(ID)	X	1	-11	11		CHIEF MEDICAL	EXAMINER			DATE SIGNED
	SIGNATU	IRE CV	un!	7 1	V.	M.D	ASSI	STANT MEDICAL	EXAMINER	XX		
	EXAMIN							CIATE MEDICAL	EXAMINER			
	NAME (T	ype)]	Edward	F. W	ilso	n,M.D.				3	/12/69	NEW YORK
	A. BURIAL CREA	MATION,	24B. DATE			NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, towr	, or county)	(Stote)
KE	MOVAL (Specif	Y)				N-At-			ъ.	14. 1/4		
25	A. DATE REC'D	DV HEALTH	3/17/		NAME	National OF REGISTRAR	1050	FUNERAL DIRECT		lto. Md.	DDRESS	
25	A. DATE KEC'D	DI HEALIH	DEFT.	238.	AAME	0 " 0	250.					
		-	1000	460	200	C, Whattey 14		raul E. (nanowe	th 3rd.	3617	Chestnut A

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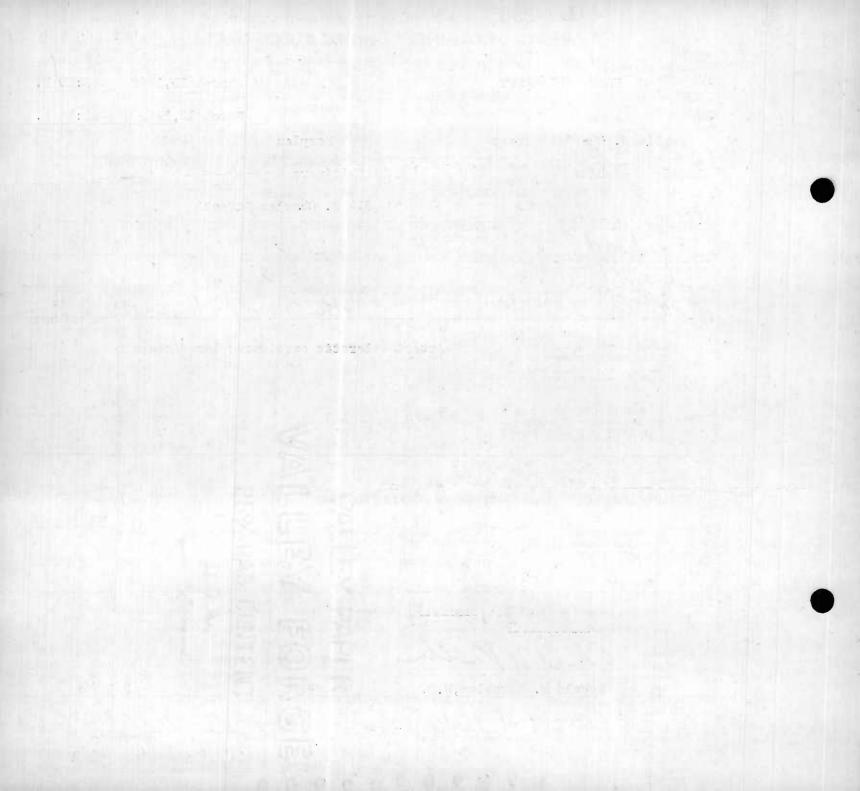
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R-563

69 2905 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 2905

Williams.		
NAME OF DECEASED (ype or Print) MARY REINHARDT	OF March 13 1969	3:28 P. M.
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD March 13,1969	3:28 P. M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: resid A. STATE Maryland B. COUNTY	ence befare admission)
Female 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN Baltimore VES	NO 🗆
	E. STREET AND NUMBER	NOL
UKN, 1906 last birthday)63 Manths, Days, Haurs, Min.	914 S. Charles Street	
1. BIRTHPLACE(State or fareign country) 12. CITIZEN OF WHAYCOUNTRY?	13. FATHER'S NAME	
4A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
ane during hast of working life, even if retired).	UKN.	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? (es yo ar unknown)(If yes, give war ar dates af service) 17. SOCIAL SECURITY NO.	18. INFORMANT POLICE POST Sout	though Dist
19. 24 12 4 CAUSE OF DEAT	H 20110: 10110 FEPT, 2011	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterios	cle roti c cardiovascular disease	BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE CA	AUSE	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or camplication which caused death.)	S A CONSEQUENCE OF:	
ANTECEDENT CAUSES (B)		-54
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. /	AUTOPSY? (Yes ar Na)
		no
	in ar about 22C. WHERE DID (If in Baltimare City, give exact laca	
UNDERLYING OR CONTRIB- hame, farm, factory, street, affice	bldg., etc.) INJURY OCCUR?	
22D. TIME (Manth) (Day) (Year) (Haur) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	H-I-C-H
(APPROX.) WHILE AT NOT WORK AT WO	WHILE ORK	
23.		
	ond that on this basis, death in my opini	ion
resulted from: Natural causes X Accident Suicide	e Homicide Undetermined monner CHIEF MEDICAL EXAMINER	
ACTUAL A 17/1/2 flex	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MILE MILE M.D.	ASSOCIATE MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	3	/14/69
PARA BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMOVAL (Specify) 3-17-69 Holy Cros	(1) + 16.16. MI	aunty) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRE	ss e, 21230
S 151-REV. 1/1/68	The correction of the	1/



BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF LIFT NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) 3. TOHAS HOPKINS HOSPITAL BALTIMORE CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH MARCH 14 1969 550 P M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY M. D. BALTIMORE C. CITY OR TOWN BALTIMORE YES - NO E. STREET AND NUMBER
(Type or Print) KAHLER, ANNA 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY M. D. BALTIMORE O. INSIDE CITY LIMITS? PALTIMORE YES NO
Type or Print) KAHLER, ANNA 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION Where pronounced dead A. USUAL RESIDENCE (Where deceased lived. H'institution: residence before admission) A. STATE M. D. BALTIMORE C. CITY OR TOWN BALTIMORE YES NO
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY M. D. BALTIMORE C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MD. BALTIMORE C.C. CITY OR TOWN C.C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE YES NO
33 BALTIMORE YES NO
1/21 HANZLIK AVE
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthdoy) Months; Doys; Hours; Min.
F CAUCASIAN WIDOWED DIVORCED 5-8-96 last birthdoy) Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
House wife Baltimore, Md. U.S.A.
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
James Catherine
5. Was Deceased Ever in U. S. Armed Farces? Yes, no ar unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
No Security No. 218-40-4425 James Kahler 1121 Hanzlick Ave. 21237
18. 4 1 1 4 1 4 1 APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY
(This does not mean the mode of dying, e.g., (A) MMEDIATE CAUSE KONTOLE PULTURATION FMOCIUS MINUTES
heart failure, asthenia, etc. It means the disease.
ANTECEDENT CAUSES ACCILA
(B) MSCVB
DISEASES OR CONDITIONS, if any, giving issella the abave cause (A) stating the
UNDERLYING CONDITION last, (C)
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FIBRO SARCOMA (ANT CHEST WALL 1967
CIDISEASE OR CONDITION GIVEN IN PART 1 (A).
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yoor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work
2/1/
and that in (w)? (and opinion death decirred on the date
and hour and from the causes stated above. (*) (We) (did) (did not) view the body ofter death.
23A. SIGNATURE Michael D. Luty M.D. DEGREE Phys. Director Phys. 3/14/69
23 C. PHYSICIAM'S NAME (Type) 23 D. ADDRESS
MICHAEL D. LUTZ M.D. TOHNS HOPKINS HOSP,
AA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 3-18-1969 Oak Lawn Cemetery Baltimore Co. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
Lassahn Funeral Home 7401 Belair Road 2123
/s 150-REV. 1/1/68

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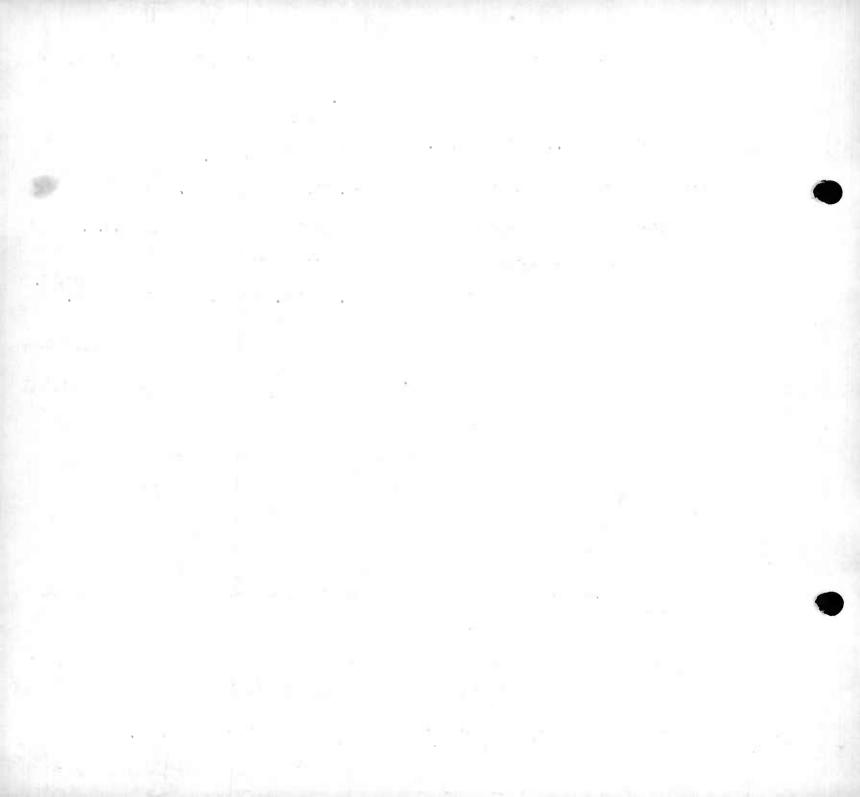


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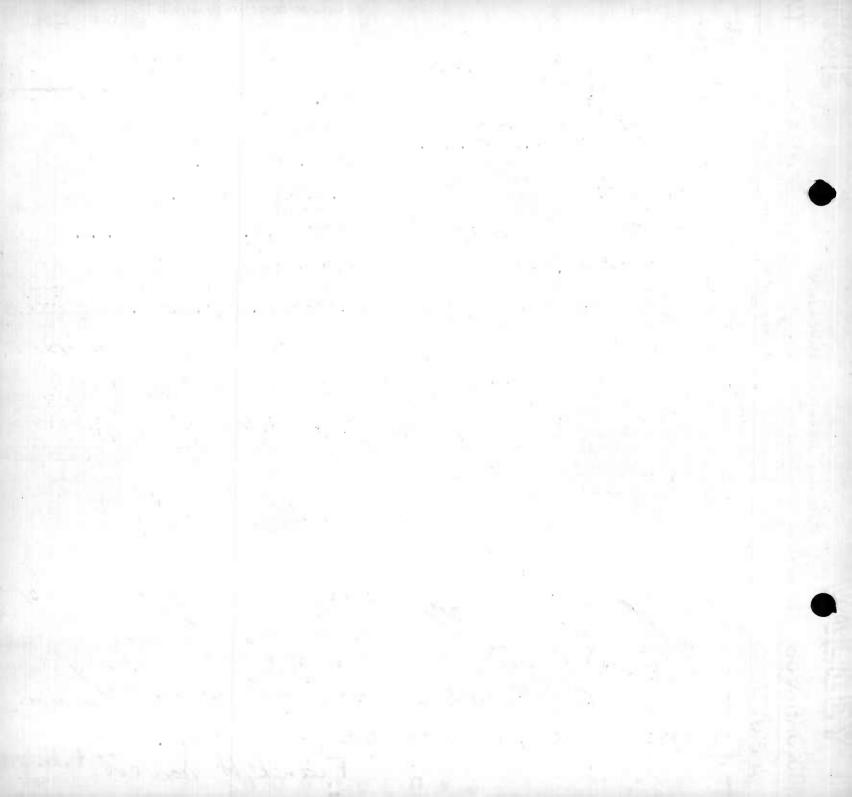
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	00	000	BALTIMORE CITY	HEALTH DEPARTMENT		69 2909
DIDTH NO	69	200	CERTIFICA	TE OF DEATH	REG. NO	03 2303
INAME OF DE	CEASED				ND HOUR OF DEAT	u
(Type or Print)	CLAJED			2. DATE A	ND HOUR OF DEAT	01051
	MARIEQUIT	A L. WHI	PP	March	13th, 1969	8,000
3. PLACE IN BA	LTIMORE, MARYLAND, V	HERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	ITION, GIVE STREET	Maryland c. City of town		9-03
				Baltimore		YES X NO
House in	n the Pines-B	elvedere		E. STREET AND NUMBER		
					5	
S. SEX	1/ 04.05	T		3610 Yolando		
2º 2EX	6. RACE	_	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
Female	White	WIDOWED	X DIVORCED	April30th, 187	8 90	
	UPATION (Give kind of wor	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTR
done during most of	working life, even il retired)					
Homemal	ker			Eltham, Engla	nd	USA
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
	الدالية					
	McGrath					
15. Was Deceased	d Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	, 55, 3			26 700 10		
no			216-56-6360	Mrs. Winfred	Drennan-361	O Yolando Rd.
18. 26	9. 91		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASES rise Io th UN DERLYIN OTHER SIGNI TO THE DEA	ANTECEDENT CAUSES OR CONDITIONS, if ne obave couse (A) G CONDITION lost. II FICANT CONDITIONS CO THE BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON	ony, giving sloting the INTRIBUTING HE TERMINAL RT 1 (A).	(c)	A CONSEQUENCE OF:	o) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE O	WAS PER	FORMED			IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21 B. home etc.)	PLACE OF INJURY (e.g., i e, lorm, foctory, street, of	n or obout 21C. WHERE DID INJURY OCCUR?	(If In Boltim	ore City, give exact locotion)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY		Whil	le At Not Whil	e 🗖		
(AFFROA)		Worl	k L At Work	7		
22. I certify	that (1) (this haspita	l) attended th	ne deceased from	you is	1969 to W	wor 13 1960
			Mor (1 169		
ingi (i) (we) last saw the decease	a alive an		and t	hat in (my) (aur) a	pinian death accurred an the da
and hour an	d fram the causes sta	ted abave. (1)	(We) (did) (did not) v	iew the bady after death.		
23A. SIGNAL	URE					23 B. DATE SIGNED
0	1 R	0	1 Atte	nding Med.	Staff	9/10/10
K	erleen la	lucer	OEGREE Phy		Phys.	7/05/69
23C. PHYSICI				23D. ADDRESS		,,
NAME (
24A. BURIAL CRI	EMATION, 248. DATE	M.D. 24C. NA	DEGREE OF CEMETERY OF CRE		chts Avenue	City, town, or county) (Stole)
REMOVAL				17739		
Burial	3/17/	169 St	Johns- Huni	neton	Paltimens O	44
	BY HEALTH DEPT	69 St.	FREGISTRAR	7 125C., FUNERAL DIRECTO	defeld Home	-6500 York Rd-12
		- Lowery	- 10 May 15 M	0000	1	
VS 150-REV. 1/1/	/6B	: 7	, , ,, ,, ,,	1 44 / 1	1	

M.E. CASE NO.	FACED			TE OF DEATH	AND HOUR OF DEATH	
(Type or Print)		The Mer	-7			
3. PLACE OF DEA	Marshall (/lor	4. USUAL RESIDENCE (W	rch 11, 1969	institution: residence before admission
				A. STATE B. CO	UNTY	0 N 10
FULL NAME O	F It not in hospital address or location		give street	Md.		11-11
INSTITUTION						RURAL and give township)
2				Baltimor D. STREET ADDRESS	(If rural, give location)	
)(4009 Pr	imrose Ave.,	Baltimo	re ,Md.			
5. SEX M	6. RACE	7 AAADDIED	NEVER MARRIED	4009 Primr	9. AGE (In years	If Under 1 Yr If Under 24 H
'/	-	WIDOWE	D, DIVORCED (specify)		lost birthday)	Months Doys Hours Min.
White	Male	Marri		Oct. 31,1880	88 yrs.	1
	working life, even if retired)	IOB. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Retir	ed	Produ	ace Dealer	Maryland		U.S.A.
13. FATHERS NAM	ΛE	11		14. MOTHER'S MAIDEN N	AME	
mı	omes Donner (Town on		Eliza Be	.77	
15. Was Deceased	omas Dorsey !	ces?	1 6. SOCIAL	17. INFORMANT	dad.	Do Appression Ma
(Yes, no or unknown	(If yes, give wor or date	s of service)	SECURITY NO.		Mana7 and 1000	Baltimore, Md.
No	None		218-32-3285A	Mrs. Maud E.	raytor,4009	
1B. 4/6	7.71		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION DIS	RECTLY			1 1 1	
(This door -	LEADING TO DEATH		(A) Acci	tempocarden 5CVB	1 lutare Tim	- lass them I here - years - Second day
	iat mean the made at asthenia, etc. It means					years
injury ar cam	plication which caused	death.)	ب الم	to Brunchtis) = (da.
	ANTECEDENT CAUSES		DUE TO ON	rolegy unde 7	who had	5 Second Cary
	OR CONDITIONS, if					
	obave couse (A) CONDITION last.	stating the	(C)			
GIVEENIVO	, condition last,					
Z OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTIN	a ciren	in emphys	end pedianones	2)4
P TO THE D	EATH BUT NOT RELA	ATED TO TH	IE Hem	t failure	_	for years
•	OPMENTION 198. CON	DITION FOR				FINDINGS CONSIDERED
II (C)	WAS PER	FORMED			IN CERTIFYING CA	AUSES OF DEATH?
U 21 A. ACCIDEN	NT WAS UNDERLYING	216	PLACE OF INJURY (e.g., in	o obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
	medical extrained	hon etc.		fice Idg., INJURY OCCUR?		
O 21 D. TIME		(Hour) 21E	. INJURY OCCURRED	NOTE HOW DID	INJURY OCCUR?	
S OF INJURY	Tivionini Tiday (Teen		ile At Not While		NJURY OCCUR!	
(APPROX.)		W				1 /
22. I certify	that (1) (this hospital	l) ottended t	he deceased from	, about July	19 60 10	3/1/1969
	last sow the decease			/ /	,	inian death occurred on the c
				/		
23A. SIGNATU		ea opave. (1) (We) (did) (did not) v	lew the body after deaf	n _*	23B. DATE SIGNED
3,017	to of	200	M.D. Afte	nding Med.	Stoff	2/1/
	serves /	not	Phy:	Director L	Phys.	3/14/69
23C. PHYSICIA NAME IT	N'S	1 SIL	100	23D. ADDRESS	1.1.12 A	PH Wan
	Sarald A	JE PU	25910 M.D.	Pikesville ,	MCGICAL QUIE	y Dello. My HI
24A. BURIAL CRE	MATION, 248. DATE	24C. N	AME of CEMETERY or CRE	MATORY 24D	LOCATION (C	City, town, or county) State
REMOVAL IS	pecity)		~ ·/* ¬ /> ¬		6 1-0	1/1
	Manah 1	AT TOMED	Month M. Kilding Tip	THE TREE SECTION SECTI	Aud Kried Child Line in 1 feet in	S - MO -
Burial	March L		Druid Ridge Ce	Free Contract Contrac	Pikesville 8	*
Burial	March L		OF REGISTRAR	25C. FUNERAL DIRECT	100	ADDRESS
Burial	BY HEALTH DEPT.		200	Free Contract Contrac	100	*

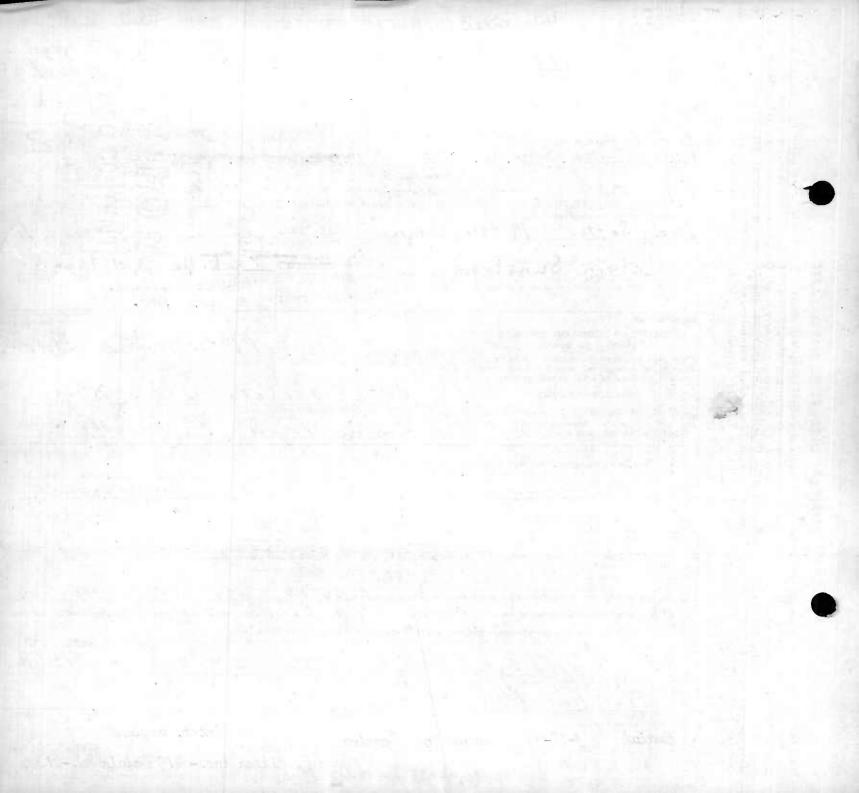


VS 150-REV. 1/1/6B

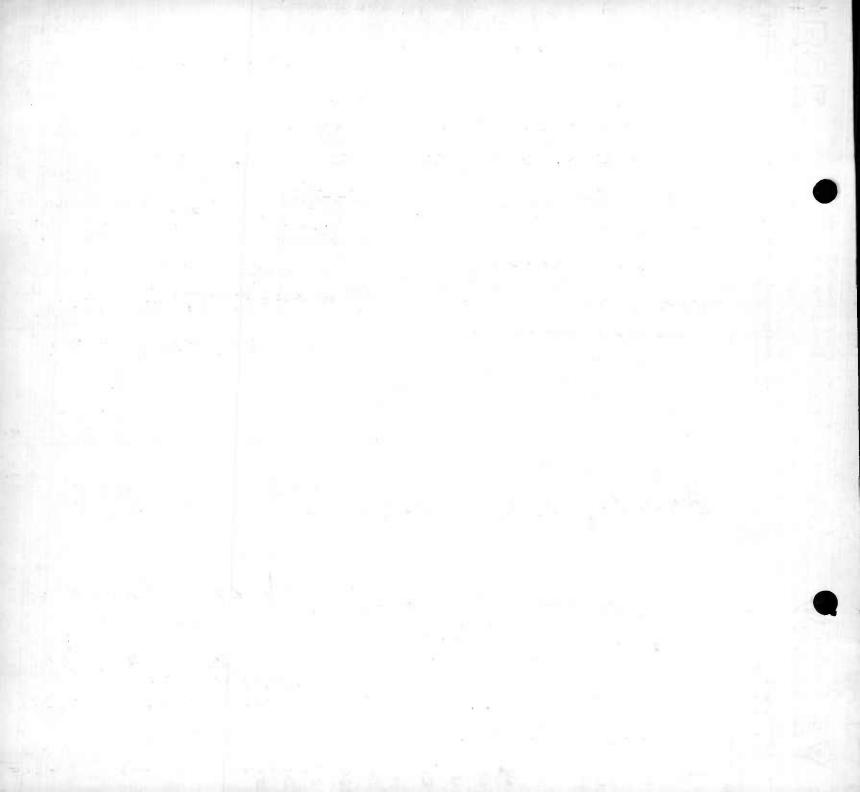


VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV, 1/1/6B



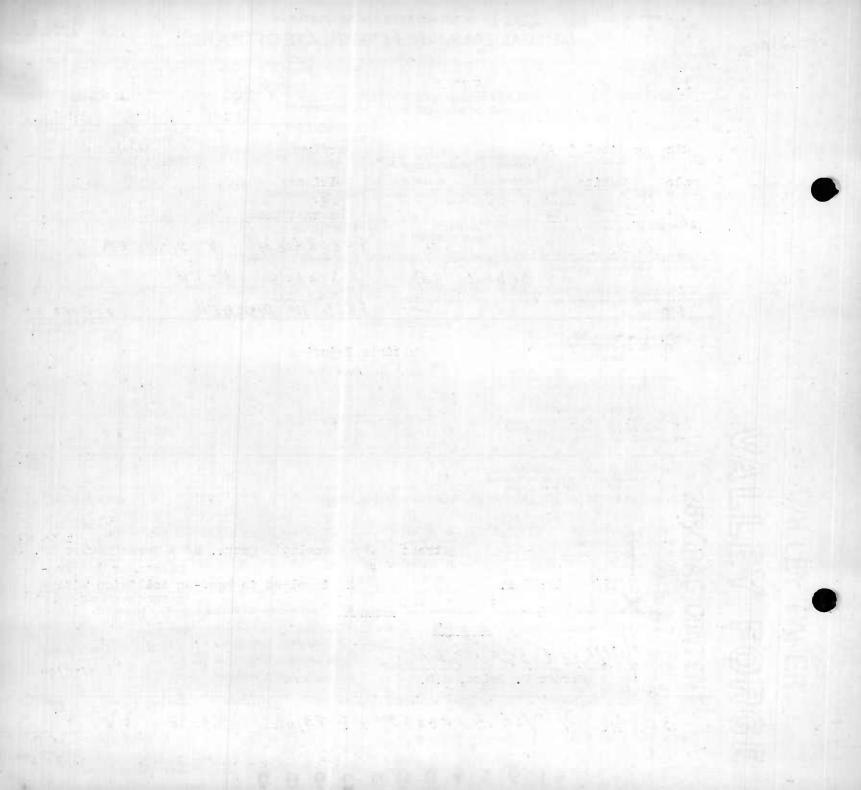
D-260

VS 151-REV. 1/1/68

69 2914 BALTIMORE CITY HEALTH DEPARTMENT

HIL	REG NO	

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
BIRTH NO.	KLO. IVO. 2
NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) J. WAYNE DISCHER	OF DEATH Estimoted X
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	March 15, 1969 1:40 A.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission)
City Hospital (DOA)	A. STATE Maryland B. COUNTY BALTO 53-0
SEX 7. RACE 8. MARRIED NEVER MARRIED	
MARKIED INEVER MARKIED	
male white widowed divorced	Baltimore YES NO X
P. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr Manths, Doys, Haurs, Mi	s. E. STREET, AND NUMBER
1/1/53 14	Chestnut Road
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	(DEATED 111 D. C. 11. C.D.
MD, USA	SREDERICH W. DISCHER
4A.USUAL OCCUPATION (Give kind af work) 14B. KIND OF BUSINESS OR INDUST one during most of working life, even if retired)	
SCHOOL BOL	ESTELLE ROTH
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(es, na or unknawn) (If yes, give war or dates af service) SECURITY NO.	SPED W. DISCHER ABOVE
1/0	
CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	
MULE	iple Injuries
(A)IMMEDIATI	E CAUSE R AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	K AS A CONSEQUENCE OF.
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, O	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z ONDEXITING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	\$
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or No.)
o o	
	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.	g., in ar about 22C. WHERE DID (If in Boltimore City, give exact location)
	Bowley's Ortrs. Rd & Goose Harbor Rd.
UTING CAUSE OF DEATH. ≥ 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURREI	
OF INJURY	1000011601
	work I involved in head-on collision with
23.	another car
I certify that I held an Inquiry Inspection	Autapsy 🛚 and that an this basis, death in my apinion
resulted fram: Natural causes Accident X Suid	ide Hamicide Undetermined manner
Account to the same of the sam	
ACTUAL / 1114 1 115 had -	CHIEF MEDICAL EXAMINER L
	ASSISTANT MEDICAL EXAMINER X
EXAMINEDS Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 3/15/69
NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y ar CREMATORY (24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
BURIAL 3/18/69 GARDENS	0 / / / / / / / / / / / / / / / / / / /
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS 300



H-325

69 2915 BALTIMORE CITY HEALTH DEPARTMENT

69	2915

BIRTH NO.	WE	DICA	L E)	CAMINER'S	ERTIFI	CATE OF	DEAT	H REG. NO	D	~0.1	
I. NAME OF DE			7777	DOM	2. DATE OF	Known .	Month	Doy	Yeor	Hour	
STEVEN	LTIMORE, MARYLAND	WHERE		DSON	DEATH 3. DATE	Estimoted X	14 al-	D	V	Hour	М.
FULL NAME OF				ON, GIVE STREET		UNCED DEAD	Month	Doy	Yeor		
HOSPITAL OR INSTITUTION	ADDRESS OR LO		,,,,,	SIN, OTTE STREET			Marc		1969	1:45	
	ns Hospital	(DOA)			A. STATE	ryland			timore	before odmiss	ion)
6. SEX	7. RACE	8. MARI	RIED	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE	CITY LIMITS?		
ma1e	white	WIDOV			В	altimore			YES 🎞	NO X	
9. DATE OF BIRT	11 10. AGE lost birt	(In years hdoy)		der 1 Yr. If Under 24 Hrs. hs; Doys; Hours; Min.		and Number te. 15, E	20× 688	Chast		62	-0
11. BIRTHPLACE	State or foreign country		12. C	ITIZEN OF	13. FATHER		JOA 000	, onesi	IIGE RO	au	
	140	,,		HAT COUNTRY?		~D	11	111.0	5011	1	
144 USUAL OCCI	IPATION (Give kind of w	ork 148 KINI	D OF F	SUSINESS OR INDUSTRY	A15 MOTHS	F/I D/ME	ME	MUD	SON		
	working life, even if retire		O OF E	SOSINESS OR INDOSTR	BEI	THA	BILLI	NES			
	SED EVER IN U.S. ARA			17. SOCIAL	18. INFOR	MANT			ADDRESS		
VNK	n) (If yes, give wor or do	ies of service	=)	212-56-467	1 5	FROME	HUD.	SON	A	BOVE	
19. gang p	W. B. C.			CAUSE OF DEA		. 110	11			PPROXIMATE INT	
4		IDECTIV		36.144.1	To day	100			BEIA	VEEN ONSET AN	D DEATH
DISEAS	SE OR CONDITION D LEADING TO DEATH	IKECILY		Multiple		Tes					
(This does	not mean the mode of	dying, e.g.,		(A)IMMEDIATE O		QUENCE OF:					
injury or co	e, osthenio, etc. It meons implication which coused	deoth.)									
	OR CONDITIONS, IF			(8)	AS A CONSE	QUENCE OF:					
RISE TO TH	IE ABOVE CAUSE (A)	STATING THE		DOE 10, 0K	A0 A CONS.	WOLNEL OI.					
Z	NG CONDITION LAS	1.		(C)							
DI.	- 11										
OTHER SIG	NIFICANT CONDITIONS ATH BUT NOT RELATED										
DISEASE O	R CONDITION GIVEN I	N PART 1 (A)).					arramente son de ass ass sin sandresse sin direktriste etr			
20A. DATE O	OF OPERATION 208.	CONDITION	FOR	WHICH OPERATION W	AS PERFOR	MED			21. AUTC	PSY? (Yes or	No)
_		- 6								Yes	
	RNAL CAUSE WAS		228. P	LACE OF INJURY(e.g., form, foctory, street, office	in or obout	22C. WHERE DID	(If in Boltimo	re City, give e	exoct locotion)	63	00
	AUSE OF DEATH.			street	Marie Colonia	Bowley's	Quarte	rs Road	nr Go	ose Har	bor
≥ 22D. TIME OF INJURY	(Month) (Doy) (Year) (Hou		E.INJURY OCCURRED	6)	22F. HOW DID II	VJURY OCC	JR? driv	er of	(Rc	ad
(APPROX.)	3/15/69 1	2:58 A	em. W	HILE AT NOT	WHILE X	car - inv	olved	in head	l-on co	11ision	1
23.	N SEC										
l cer	tify that I held an	Inquiry		Inspection Au	tapsy K	and that on	this bosis,	death in m	y apinlan		
resu	Ited fram: Natural	causes 🗌	A	ccident X Suicia	le 🗌 H	amicide 🔲	Undetermi	ned monne			
10000	1/101	. ~	-	7		CHIEF MEDICAL	EXAMINER			DATE CICN	50
SIGNA		2	1	M.D	ASS	ISTANT MEDICAL	EXAMINER	X		DATE SIGN	ED
EXAMIN NAME (NER'S Werner	U. Spi	Ez/	M.D.		OCIATE MEDICAL	EXAMINER			3/15/6	9
24A. BURIAL CRE	MATION, 248, DAT	E	240	C. NAME of CEMETERY	ar CREMAT	ORY 24D	LOCATION	(City, to	wn, or county) (Stote	e)
REMOVAL (Spec	RIAG 3/	19/60	7	OAK LAG	VV	1	BALT	0. 1	no.		
25A. DATE REC'E	BY HEALTH DEPT.	258.	NAME	OF REGISTRAR		FUNERAL DIREC	TOR		ADDRESS	3	00
	mak as 1808	y oc	sale.	E, Farbouthin	J.	G. CONI	VELL	50	NS	M	ACE
VS 151-REV. 1/1/6	8N869	,0	0	1 0.0	0 2	9 1) ,				V

1. G Stor. othermore all Salatornia - victoria

	RTH NO. LE CASE NO.	69 2916
3 S + 5 1.	NAME OF DECEASED THE Print Harry H Creamer 3-15-69	11:50 Am.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If instinction in the state of the state	Balto. 53-00
K	Lutheran Hospital of Maryland 10 Weisfield Court	
5.		If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) ine during most at warking life, even if retired) Rail Roal M.D.	12. CITIZEN OF WHAT COUNTRY?
13	FRANK B. CREAMER	
1.5 (Y	Was Deceased Ever in U. S. Armed Farces? es, na ar unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO. 717-07-7599 I-JARRY B. CREAMER	ADDRESS 130 KINGSTON R.
	DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. ft means the disease, injury or camplication which caused death.)	2 No +10.
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	IWK
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
CEDTIEIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
LV	OR CONTRIBUTING CAUSE OF hame, farm, factory, street, office bldg., INJURY OCCUR?	City, give exact lacation)
MARK	21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work 21F. HOW DID INJURY OCCUR?	
		an death accurred an the date
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Director Phys. A	3-15-89
	23C. PHYSICIAN'S NAME (Type) Tem-Ta Chema M.D. Lutheran Hospit	tal of MD
	A. BURIAL CREMATION, 278. DATE 24C. No The of CEMETERY of CREMATORY 24D. LOCATION (City, BURIAL Specify) 3/8/69 OAK LAW BALTO. MO	, tawn, ar county) (State)
	MAR 1 9 1969 Reub 2, Landonna J. G. Connelly Tren	of the space are

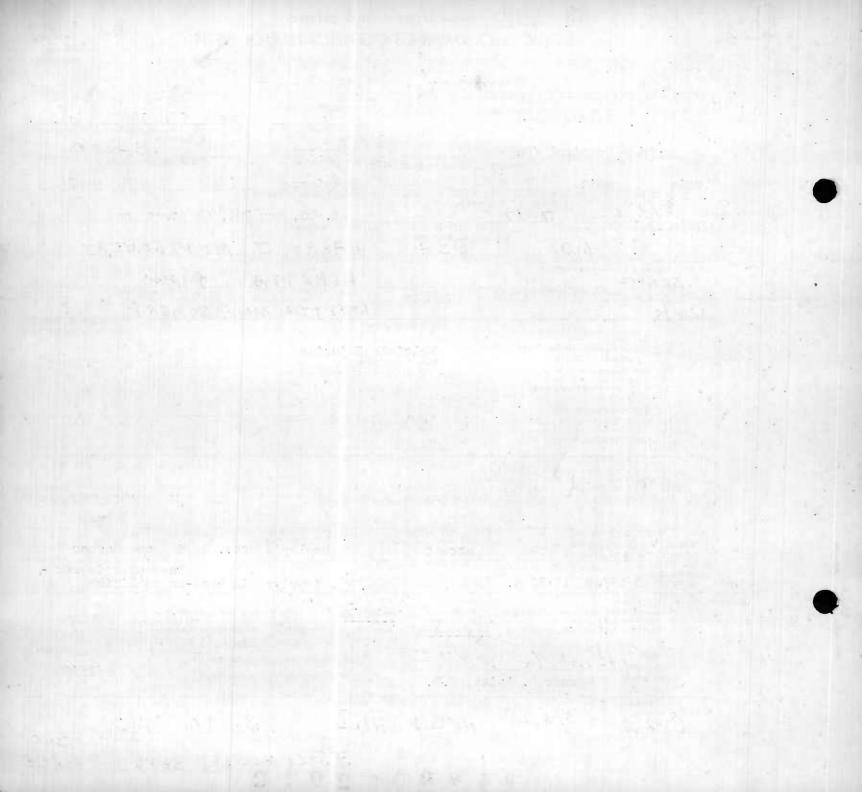
BALTIMORE CITY HEALTH DEPARTMENT

A feet to the feet to the second 100 1 200 25 the street and the second relative was the first of the following of the following of the first of the fi 11331 - 11

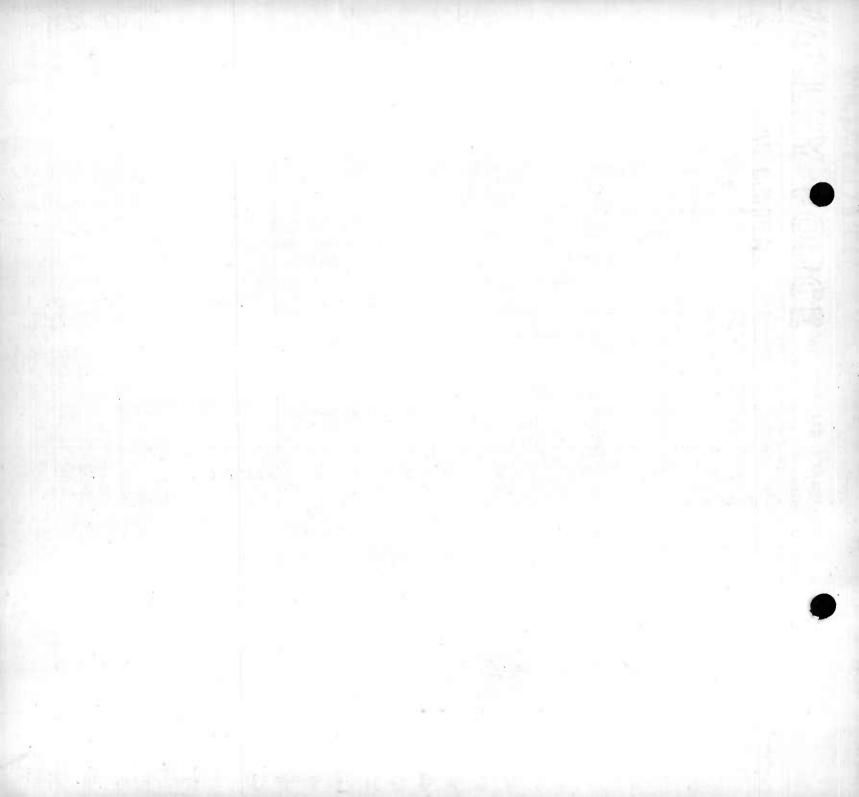
m-532

69 2917 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE C	PF DEATH REG. NO.
I. NAME OF DECEASED 2. DATE Known	Month Doy Yeor Hour
(Type or Print)	
HOWARD MONTGOMERY DEATH Estimated 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE	Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION S. LISHAL RESIDENCE (MI	March 15, 1969 1:45 A
A. STATE	B. COUNTY
Hopkins Hospital (DOA) Maryland 6. SEX 7. RACE 8. MARBUEL TO NEVER MARBUEL TO TOWN	D. INSIDE CITY LIMITS?
MARKIED NEVER MARKIED	
male white WIDOWED DIVORCED Baltimore 9. DATE OF BIRTH 10.AGE (In yeors If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER	YES NO XX
8/7/s-1 lost birthd'oy) Months, Doys, Hours, Min. Rt. 15, Bo	x 701, Chestnut Road 53-6
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN N	J. MONTGOMERY
SCHOOL LORETT	A FINN
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ADDRESS
UNK LORETTA,	MONTGOMERY
19. CAUSE OF DEATH	APPROXIMATE INTERV. BETWEEN ONSET AND DI
DISEASE OR CONDITION DIRECTLY Multiple Injuries	
(A)IMMEDIATE CAUSE	
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	
injury of complication which coosed death.)	
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING DISEASE OF CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:	
I KISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No
ات ی	Yes
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g., in or obout 22C. WHERE D.	D (If in Boltimore City, give exoct location)
UNDERLYING TO CONTRIB. home, form, foctory, street, office bldg., etc.) INJURY OCCUI Bowley's	? Orts. Rd & Goose Harbor Road
22D TIME (Month) (Day) (Year) (Hour) 22E INITIPY OCCUPRED	INJURY OCCUR? Passenger in car -
OF INJURY (APPROX.) 3/15/69 12:58 A. WHILE AT WORK INVOIVE INVOIVE	ed in head-on collision
(APPROX.) 3/15/69 12:58 A. m. WHILE AT WORK I INVOIVE	
23.	ed in head-on collision n this bosis, deoth in my opinion
23.	ed in head-on collision n this bosis, deoth in my opinion
I certify that I held on Inquiry Inspection Autopsy ond that a resulted from: Natural couses Accident Suicide Hamicide CHIEF MEDICA	ed in head-on collision In this bosis, death in my opinion Undetermined monner LEXAMINER DATE SIGNED
I certify that I held on Inquiry Inspection Autopsy Ond that o resulted from: Natural couses Accident Suicide Homicide	ed in head-on collision In this bosis, death in my opinion Undetermined monner EXAMINER DATE SIGNED
I certify that I held on Inquiry Inspection Autopsy V and that o resulted from: Natural couses Accident Suicide Homicide CHIEF MEDICA ACTUAL SIGNATURE SIGNATURE SIGNATURE STAMMER'S Werner U. Spitz, M.D. ASSOCIATE MEDICA NAME (Type)	ed in head-on collision In this bosis, deoth in my opinion Undetermined monner AL EXAMINER DATE SIGNED 3/15/69
23.	ed in head-on collision In this bosis, deoth in my opinion Undetermined monner AL EXAMINER DATE SIGNED 3/15/69
I certify that I held on Inquiry Inspection Autopsy V and that o resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICA ACTUAL SIGNATURE ASSISTANT MEDICA EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICA NAME (Type)	ed in head-on collision In this bosis, deoth in my opinion Undetermined monner AL EXAMINER DATE SIGNED AL EXAMINER 3/15/69
I certify that I held on Inquiry Inspection Autopsy V and that o resulted from: Natural couses Accident Suicide Homicide CHIEF MEDICA ASSISTANT MEDICA ASSISTANT MEDICA EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICA ASSOCIATE	and in head-on collision In this bosis, death in my opinion Undetermined monner LEXAMINER DATE SIGNED 3/15/69 AL EXAMINER AL EXAMINER City, town, or county) (Siote) BALTO, MD.
I certify that I held on Inquiry Inspection Autopsy V and that o resulted from: Natural couses Accident V Suicide Homicide CHIEF MEDICAL SIGNATURE EXAMINER'S Werner U. Spitz, M.D. ASSISTANT MEDICAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR OF THE PROPERTY	and in head-on collision In this bosis, death in my opinion Undetermined monner LEXAMINER DATE SIGNED 3/15/69 AL EXAMINER DIAL EXAMINER AL EXAMINER AL EXAMINER MD. BALTO, MD.



BIRTH NO.			JU ~	OIO	CERTIF	ICATE (OF DEAT	TH	REG. I	NO	63	9	2918	-
1. NAME OF (Type or Print		a Mae	Schul	tz			3,	/15/				0/	10 A N	۸.
FULL NAMI	OF (IF	MARYLAND, NOT IN HOS DRESS OR LO	PITAL OR IN			A. STA	laryland	COUNT	Υ	1	stitution: res	27	before admission) - 45	
O O		8 Roys	ston A	ve.		Ba E. STR	1timore EET AND NUM 108 Roys	BER		D. HASIL	YES 🔀		10 🗌	
s. sex Female	6. RACI	ite	7- MARR		EVER MARRIE DIVORCE	110/	15/189	0	AGE (In year ost birthday) 7.9	ors	If Under Months	1 Yr. Doys H	If Under 24 Hrs. Hours Min.	=
dane during m		fe, even if retire	ed)	o of Busin			THPLACE (Stote		n country)			EN OF W	VHAT COUNTRY	?
3. FATHER'S			_ J Ow	II HOI	ille .	14. M	THER'S MAIDE	EN NAM						-
S. Was Dec Yes, no or unl	eased Ever in nown) (If yes,	U. S. Armed give wor or	Forces? dates of servi	ce) S	OCIAL ECURITY NO. 3-05-9		ormant	у Ва	aer-30	08 F		addres		
heart fo injury o	lure, asthenic complication	NG TO DEA' In the mode o, etc. It med n which cous DENT CAUS NDITIONS,	of dying, ons the dise sed death.) SES	ase,		or as a cons		uy ês	s all	ruse	cleon	7	un	4
DISEAS	ANTECE S OR CON The abov. YING CONI	n the mode to, etc. It med to which couse to the couse to	of dying, ons the dise sed death.) SES if ony, gi A) stoling	ving The	DUE TO,	or as a cons	EQUENCE OF:	ny ès De s	g arli	irusc	clions	1,,,	Levr	-
DISEAS rise Ic UNDER	es not meo lure, asthenic complication ANTECE S OR COI the abov YING CONI GNIFICANT C DEATH BUT N OR CONDITIC	n the mode on elc. It means which course of the mode o	of dying, ons the dise sed death.) SES if ony, gi A) stoling CONTRIBUTI PART 1 (A).	ving The	(B) DUE TO, (C) Parh	OR AS A CONS		Des s or No!	eire			yee	LLUN	-
DISEAS rise lo UNDER OTHER S TO THER S TO THER S TO THER S TO THER S TO A 21 A. AC OR CON DEATH	ANTECE S OR CON The abov YING CONI GNIFICANT O DEATH BUT N OR CONDITIC TE OF OPERA: CIDENT WAS TRIBUTING	n the mode on elc. It means which course of the mode o	of dying, ons the dise sed death.) SES if ony, gi A) stoling CONTRIBUTI O THE TERMIN PART 1 (A). ONDITION F PERFORMED	ving Ihe NG NAL OR WHICH	(B) DUE TO, (C) Park OPERATION	OR AS A CONS OR AS A CON V. SLV Y (e.g., in or obo	SEQUENCE OF:	DID	208. IF YES, IN CERTIFYI	WERE F		CONSIDERATH?		-
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NOTHER S TO THE DISEASE TO THE DISEA	ANTECE S OR CON The abov. YING CONI GNIFICANT C DEATH BUT N OR CONDITION TRIBUTING TRIBUTING TRIBUTING TRIBUTING TRIBUTING (Month RY) Trify that (I) Wee) last so	n the mode on the mode of the	of dying, ons the dise sed death.) SES if ony, gi A) stoling CONTRIBUTI OTHE TERMIN PART 1 (A). CONDITION F PERFORMED G ital) attend ased alive	ving Ihe NG NAL OR WHICH 21B. PLAC home, forr etc.) 21E. INJU While At Work ed the decan	(B) DUE TO, (C) Park OPERATION RY OCCURRI No. Ceased from	OR AS A CONS OR AS A CON Y (e.g., in or obolinet, office bld ED of While t Work	AUTOPSY? (Yes	DID CUR?	20B. IF YES, IN CERTIFYI	WERE F NG CAL Baltimore	FINDINGS DUSES OF D	CONSIDERATH?	red an the dat	
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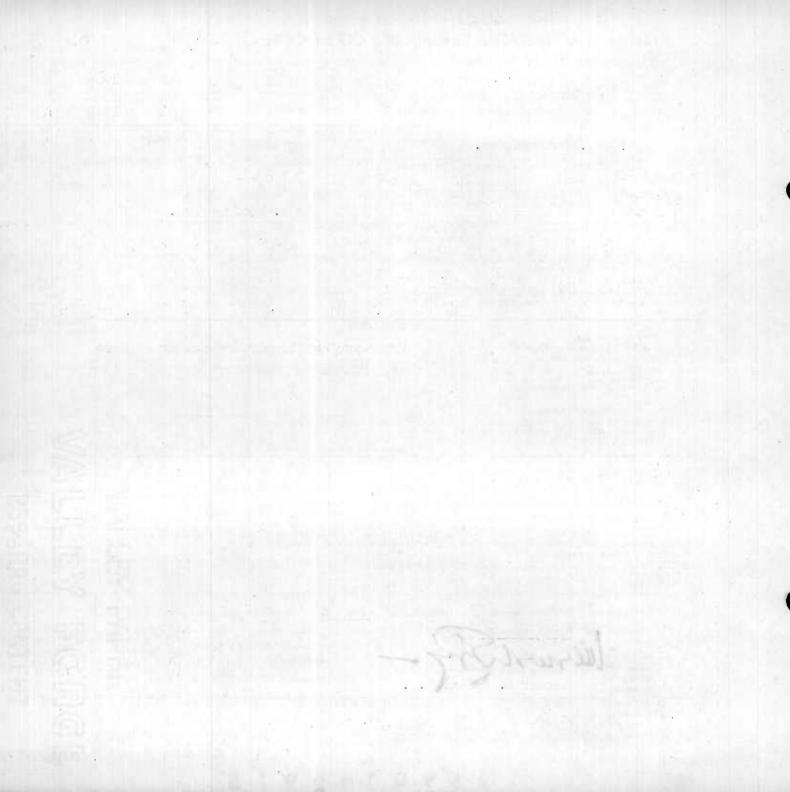
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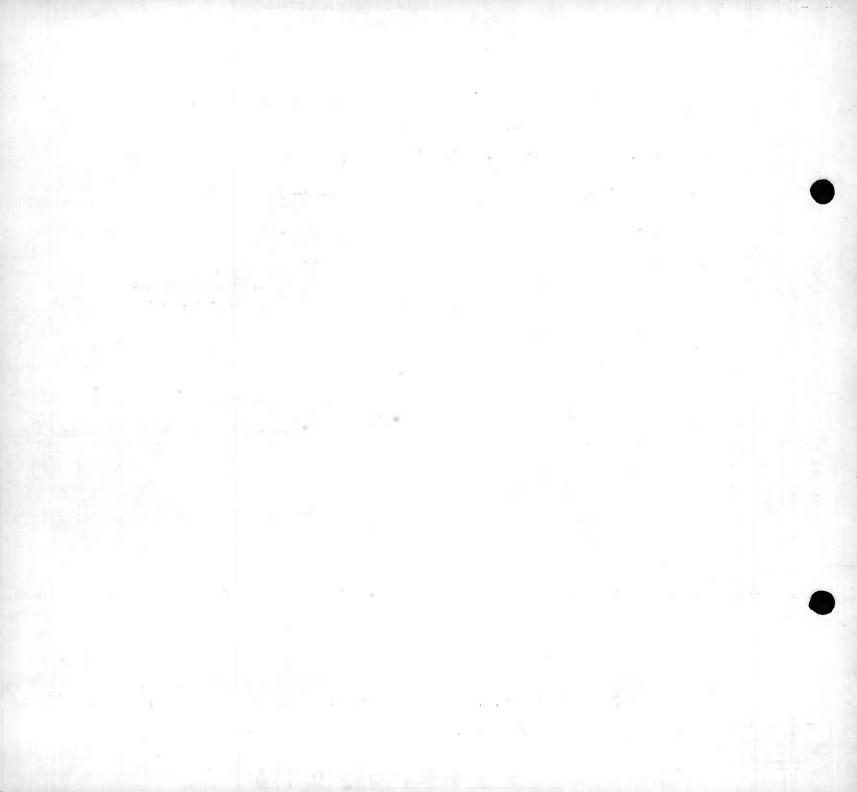
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OF CHEW BALTIMORE CITY HE	
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 69 2920
1. NAME OF DECEASED (Type or Print) Mary Kodwell (KoTWALL)	2. DATE Known Manth Day Year Haur OF DEATH Estimated K 3 13 1969
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 3 15 1969 3:25 PM 5. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
0 0 900 N.Montford Ave.	A. STATE Maryland B. COUNTY 7-03
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore VES X NO
9. DATE OF BIRTH 9-16-93 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.	e. Street and Number 900 N. Montford Ave.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind af wark) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
CHARWOMAN Baltomera City	18. INFORMANT ADDRESS 1
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor ar dotes of service) 21.4.46.4190	Marie BASE 731 M. Glington Ave.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No) yes
Z22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) in JURY OCCUR?
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (Appear)	WHILE ORK
ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMQVAL (Specify) ACCIDANT Suicid M.D. 24C. NAME of CEMETERY	ASSISTANT MEDICAL EXAMINER March 16,1969 ASSOCIATE MEDICAL EXAMINER
VS 1S1-REV. 1/1/6B	0 2 9 1 5



-47-31 NG]	E-456 69 2921 GENTLE CATE OF DEATH & REG. NO. 69 2921
2622	CERTIFICATE OF DEATH
and eath ased the Such	INRTH NO. NAME OF DECEASED 2, DATE AND HOUR OF DEATH
-000	Type or Printl WILLIAM ELMORE MARCH 13, 1969 9
- LI U	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admis B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Maryland Baltimore D. INSIDE CITY LIMITS?
	RATINGO = (ITY HOSPITALS #21224 YES NOT
D.= L.	4940 Eastern Ave Baltimore, Maryland 427 Scarsdale Road #21224
F S e B D	SEX 6. RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Months Days Hours Minches Days Minches Day
th occurre contribut letermined in regular eceased p	Male White WIDOWED DIVORCED 12-17-45 23 Months Doys Hours Mi
cor cor ced n is	OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COULD be during most of working life, even if retired)
death r or c Undet as in e dec	Clerk Maryland USA
was the	3. FATHER'S NAME
S S	Alston Virga BENDER
D = 0 _	3. Was Deceased Ever in U. S. Ammed Forces. 10. SECURITY NO.
d de ance	7 = 7 = 7 = 7 = 7 = 7 = 7 = 7 = 7 = 7 =
enda d or	18. CAUSE OF DEATH APPROXIMATE INTERV BETWEEN ONSET AND D
ne pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH
onon alme	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE TYPER TO SEE THE WAY TO SEE THE T
pror lar bal	heart failure, asthenia, etc. It means the disease,
3 E	ANTECEDENT CAUSES ANALYS WANT HOST TOUSING IN THE
who reg	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving (B) MALIGNANT HYPERTENSION When KS DUE TO, OR AS A CONSEQUENCE OF:
in s	rise to the obove couse (A) stoting the
ins	UNDERLYING CONDITION lost. (C) CITY CONTROL COLUME FOR (C)
B B E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
ician w	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
hys re	Yes YES
No p	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
xcept whand (6) Notes that the property of the	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
u n	OF INJURY (APPROX.) While At Not While Work At Work
and	22. I certify that (I) (this haspital) attended the deceased fram 3 / 8 19 6 9 ta 3 / 13 19 6
al (e) h); a be of	that (1) (we) last saw the deceased alive an 3/3 19 69 and that in(my) (aur) apinion death accurred an the
<i>-</i>	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.
must	23A. SIGNATURE 23B. DATE SIGNED
	Attending Med. Shaff Sha
	23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS Baltimore City Hospitals
approv	Joseph Kaplan M.D. Desset 4940 Eastern Ave Baltimore, Maryland #2122
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Sto
en	BURIAL 3/17/69 BALTO. NATL. BALTO. MO.
deceased written a	25A, DATE REC'D BY HEALTH DEPT. 5 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
€ 0	JG. CONVELLY SONS MACE
	/S 150-REV 1/1/68

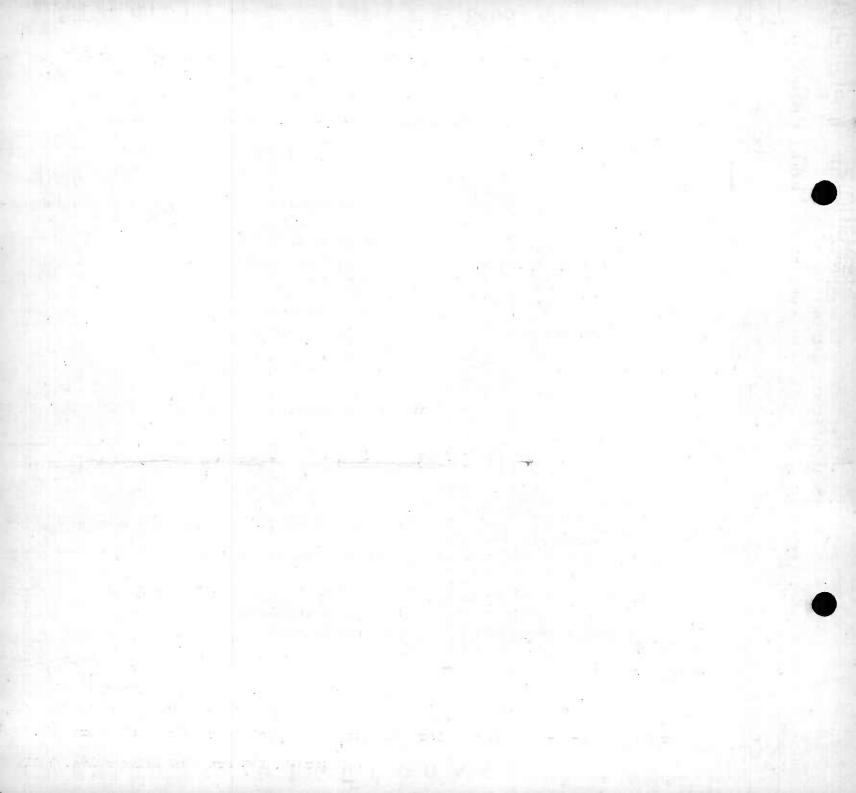


14.	-226	69 2922 CERTIFICATE OF DEATH REGING 69 2922
	7007	BIRTH NO. CERTIFICATE OF DEATH
	of death Of death Deceased e on the sth. Such	I. NAME OF DECEASED F TO STATE AND HOLD OF STATE
		type of Finni
	Doft Th.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)
	S O O	A. STATE B. COUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
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	e 32.	Daltimore YES NO
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	occurred in contributing termined ca regular att regular att	MARKIED T NEVER MARRIED 19 10 10 11 11 11 11 11 11 11 11 11 11 11
	nt nt nt rrr eg	WINDOWED DIVORCED /- J2/- A // D //
	th n n	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	or nde de itio	housewife - Virginia United States
	d d d d d d d d d d d d d d d d d d d	13. FATHER'S NAME
-	rect or c (4) Under was in the dec	1/4 24 4 6
Z	후드 그 프로	Henry Hanson Betty Scrim Get
A	istant he di kind; death ce on nal di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dotes of service) SECURITY NO. 17. INFORMANT ADDRESS
ORTAN	発生 マム 5 倍	No - 229-09-4580 Hospital Kacards
0	Dit Cabbr	18. CAUSE OF DEATH APPROXIMATE INTERVAL
MP	E 0 - E 5 0	DISEASE OR CONDITION DIRECTLY
≤	. 40 2 2 0	LEADING TO DEATH (A)IMMEDIATE CAUSE ATT & CR T8 6 TOL 1/9401T LOGO
••	5 0 L B	This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
X	ner act pr pr ula	injury or complication which caused death.)
7	E - to Be	ANTECEDENT CAUSES (B) Hypertension
S	X A A e i	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS/A/CONSEQUENCE OF:
DIRECTOR:	(3) ex	rise to the above cause (A) stating the UNDERLYING CONDITION last.
	medical medical physician an was it remains	\V/s
-4	medical herns; hysician m was remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
2	phy bu	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
ш	hire du	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUNERA	6 × + 8 × •	M .
T.	the (2) ere o ph	IN IN BOILIMOTE CITY, give exoct location
		DEATH (notify medical examines) Compared to the bidg. INJURY OCCUR?
	hospita nature; ept whe d (6) No ained be	21D. TIME (Manth) (Doyl (Yeo)) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	hosp natur ept w d (6) ained	
	0 0 0 = -	THE PART OF THE PA
		22. I certify that (1) (this haspital) attended the deceased from 3/6 19/69 to 21/8 19/69
	of of of the part	that (1) (we) last saw the deceased alive an 3/18 19 64 and that in (my) (our) opinion death occurred on the date
		and haur and from the causes stated abave. (1) (We) (did) (did nat) view the body after death.
	dent of death)	23A. SIGNATURE 23B. DATE SIGNED
	20.22	Attending Med. Staff Director Phys. 3/18164
	s reliance it a corto	23C. PHYSICIAN'S NAME/(Type) 23D. ADDRESS
	certificate moody was reless (1) An acc D.O.A. at a lassed prior ten approval	1518 C Nolly, las Rolls Wel
	# CA \$ 8	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	100 % C	
	S W W	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR
	This certif the body shows: (1) was D.O. deceased written ap	230 TOWERS DIRECTOR
		VS 150-REV. 1/1/68 9 1868 0 4 8 3 2 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		TO TOW THE TO THE TOWN



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



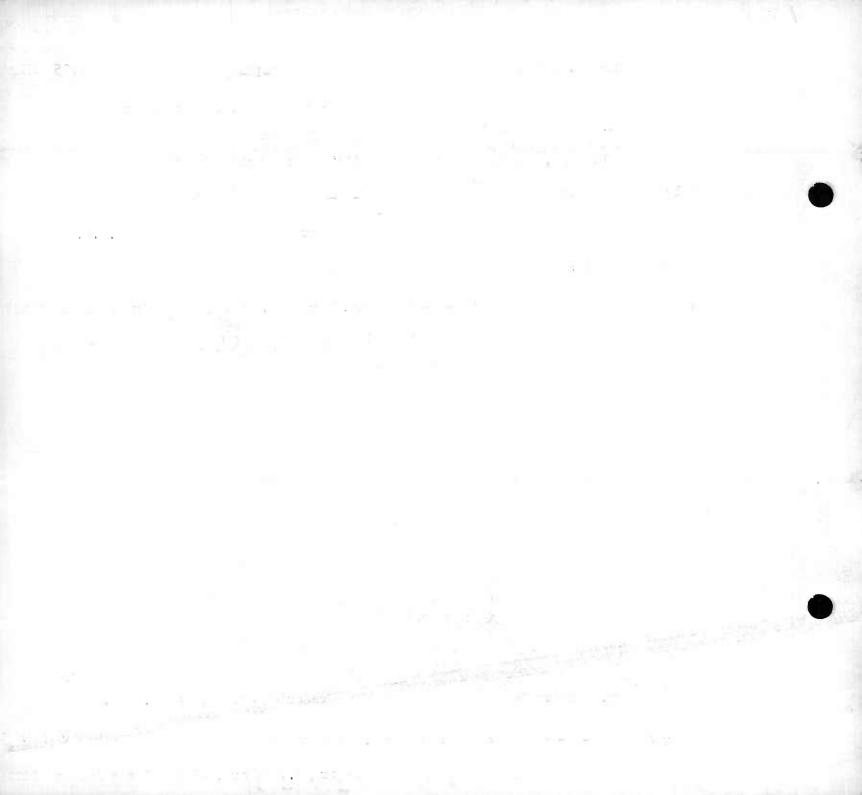
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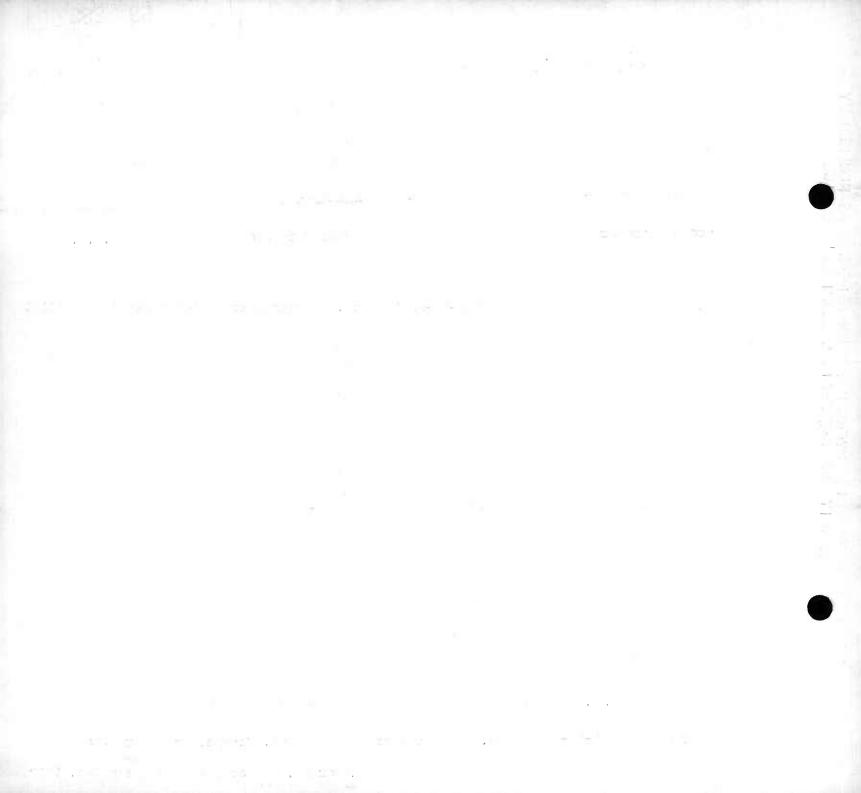
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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be approved the body was released to the host shows: (1) An accident of any natuwas D.O.A. at a hospital (except deceased prior to death); and (6) written approval must be obtained

BIRTH NO. BIRTH NO. CERTIFICA	THE OF DEATH X REG. NO. 69 2925
BIRTH NO.	TE OF DEATH
(Type or Print) TEVES, FREDERICK HERMAN	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
ST AGNES HOSPITAL	BALTIMORE YES NO T
CATON & WILKENS AVENUES	E. STREET AND NUMBER
BALTIMORE, MARYLAND 21229	5324 LANTERN COURT
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AOE (in years if Under 1 Yr., if Under 24 Hrs. Months; Doys Hours; Min.
MALE WHITE WIDOWED DIVORCED	08/11/44 24
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RECORD PROMOTION	MARYLAND U.S.A.
13. FATHER'S NAME R.	14. MOTHER'S MAIDEN NAME
WILLIAM TEVES	GERTRUDE KEMSTEDT
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor at dotes at service) No. 219-40-2911	17. INFORMANT CATON & WILKENS AVENUES 21229 ST AGNES HOSPITAL RECORDS
18. / CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAL	ISE Thrombetic Thrombocytopenic Parara
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	
(8)	A CONSEQUENCE OF:
rise to the above cause (A) staling the UNDERLYING CONDITION last. (C)	A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	wer Lobe Precompia
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION WAS PERFORMED 121B-PLACE OF INTURY (C.S.)	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING TICALISE OF	n or obout 21C. WHERE DID (II in Boltimare City, give exoct location) fice bldg., INJURY OCCUR?
DEATH (natify medical examined) 21D.TIME (Month) (Doy) (Yeard (Hour)) OF INJURY (APPROX.) While At Not Whill Work At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (Y) (this hospital) attended the deceased from	ARCH 6 1969 to MARCH 16 19 69
	APCH 6 19 69 to MARCH 16 19 69
that (1) (we) last saw the deceased ollye on MARCH 16	7110110
	19.69 ond that in (our) opinion death occurred an the date
ond hour ond from the couses states obove. (1) (We) (did) (4) (4) (23A. SIGNATURE	19.69 ond that in (our) opinion death occurred an the date
ond hour ond from the couses stated obove. (1) (We) (did) (4) (d) (23A. SIGNATURE	19_69ond that in Xivy) (our) opinion death occurred an the date lew the bady ofter death. 238, DATE SIGNED
ond hour ond from the couses states obove. X1X(We) (did) (di	19 69 ond that In (my) (our) opinion death occurred an the date lew the bady after death. 238. DATE SIGNED
ond hour ond from the couses states obove. (1) ((We) (did) (4)) (did) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	19.69 ond that In May) (our) opinion death occurred an the date lew the bady after death. 1238. DATE SIGNED 230. ADDRESS WILKENS X XATON BALTO AND
ond hour ond from the couses states obove. (1) ((We) (did) (AM) (d	19.69 ond that In (our) opinion death occurred an the date lew the bady after death. Inding Med. Director Physics 3/6/69 23B. DATE SIGNED 3/6/69 23D. ADDRESS WILKENS X YATON BALTO ND MATORY 24D. LOCATION (City, town, or county) (Stotel
ond hour ond from the couses stages obove. (1) ((We) (did) (4)) (did) (2) (2) (did) (2) (did) (d	19.69 ond that In (our) opinion death occurred an the date lew the bady ofter death. Inding Med. Director Physics 3/6/69 23D. ADDRESS WILKENS X YATON BALTO MD MATORY 24D. LOCATION (City, town, or county) (Stotel

ATE OF DEATH REG. NO. 2. DATE AND HOUR OF DEATH 3-15-69 4. USUAL RESIDENCE (Where deceased lived, if in A. STATE B. COUNTY Maryland XXXXXXXX Ba1 C. CITY OR TOWN XXXXXXXX Arbutus E. STREET AND NUMBER 1119 Circle Drive 21227 3. DATE OF BIRTH 9-20-08 RY 11. BIRTHPLACE (State or loreign country) New Jersey 14. MOTHER'S MAIDEN NAME Ann 17. INFORMANT Mrs. Muriel R. Sabat, 1119 AUSE SACONSEQUENCE OF:	3:25 AM, stitution: residence before admission/ timore timore timore DE CITY LIMITS? YES NO If Under 1 Yt. Months; Doys
2. DATE AND HOUR OF DEATH 3-15-69 4. USUAL RESIDENCE (Where deceosed lived, If in B. COUNTY Maryland XXXXXXXX Balc. CITY OR TOWN C.CITY OR TOWN E. STREET AND NUMBER 1119 Circle Drive 21227 3. DATE OF BIRTH 9. AGE (In years last birthday) New Jersey 14. MOTHER'S MAIDEN NAME Ann 17. INFORMANT Mrs. Muriel R. Sabat, 1119 AUSE	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY U.S.A. ADDRESS Circle Drive 212
A. STATE A. STATE Maryland XXXXXXXX Ba1 C. CITY OR TOWN E. STREET AND NUMBER 1119 Circle Drive 21227 1. SIRTHPLACE (Stote or loreign country) New Jersey 14. MOTHER'S MAIDEN NAME Ann 17. INFORMANT Mrs. Muriel R. Sabat, 1119 AUSE	If Under 1 Yt. If Under 24 Hrs. Months: Doys Hours; Min. 12. CITIZEN OF WHAT COUNTRY U.S.A. ADDRESS Circle Drive 212
A. STATE A. STATE Maryland XXXXXXXX Ba1 C. CITY OR TOWN E. STREET AND NUMBER 1119 Circle Drive 21227 1. SIRTHPLACE (Stote or loreign country) New Jersey 14. MOTHER'S MAIDEN NAME Ann 17. INFORMANT Mrs. Muriel R. Sabat, 1119 AUSE	TIMOTE STATE OF WHAT COUNTRY U.S.A. ADDRESS Circle Drive 212
C.CITY OR TOWN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	IF Under 1 Ye. If Under 24 Hrs Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY U.S.A. ADDRESS Circle Drive 212
E. STREET AND NUMBER 1119 Circle Drive 21227 18. DATE OF BIRTH 9-20-08 11. BIRTHPLACE (Stote or loreign country) New Jersey 14. MOTHER'S MAIDEN NAME Ann 17. INFORMANT Mrs. Muriel R. Sabat, 1119 AUSE	If Under 1 Ye, If Under 24 Hrs. Months: Doys Hours; Min. 12. CITIZEN OF WHAT COUNTRY U.S.A. ADDRESS Circle Drive 212
1119 Circle Drive 21227 8. DATE OF BIRTH 9. AGE (in years last birthday) 60 9-20-08 9-	Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY U.S.A. ADDRESS Circle Drive 212
S. DATE OF BIRTH 9. AGE (in years lost birthday) 60 9-20-08 60 11. BIRTHPLACE (State or loreign country) New Jersey 14. MOTHER'S MAIDEN NAME Ann 17. INFORMANT Mrs. Muriel R. Sabat, 1119 AMPLY OSSILLE 1119 AMPLY OSSILLE 1119 AUSE 1119 1119 AMPLY OSSILLE 1119 AUSE 1119 1119 AUSE 1119 1119 AUSE 1119 1119 AUSE 11	Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY U.S.A. ADDRESS Circle Drive 212
9-20-08 last birthdays 60 11. Birthplace (Stote or loreign country) New Jersey 14. Mother's Maiden Name Ann 17. INFORMANT Mrs. Muriel R. Sabat, 1119 AMBRY OFFICE AMBRY OFFI AMBY OFFI AMBRY	Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY U.S.A. ADDRESS Circle Drive 212
New Jersey 14. MOTHER'S MAIDEN NAME Ann 17. INFORMANT Mrs. Muriel R. Sabat, 1119 AUSE AUSE	12. CITIZEN OF WHAT COUNTRY U.S.A. ADDRESS Circle Drive 212
New Jersey 14. MOTHER'S MAIDEN NAME Ann 17. INFORMANT Mrs. Muriel R. Sabat, 1119 ATH AUSE AUSE	U.S.A. ADDRESS Circle Drive 212 APPROXIMATE INTERVAL
Ann 17. INFORMANT Mrs. Muriel R. Sabat, 1119 ATH AMPLY OSSUUSE	Address Circle Drive 212 APPROXIMATE INTERVAL
Ann 17. INFORMANT Mrs. Muriel R. Sabat, 1119 ATH AMPLY OSSUUSE	Address Circle Drive 212 APPROXIMATE INTERVAL
Ann 17. INFORMANT Mrs. Muriel R. Sabat, 1119 ATH AMPLY OSSUUSION	Circle Drive 212
Mrs. Muriel R. Sabat, 1119 CAMPRY OSSCUSION	Circle Drive 212
RAMPRY OFFICION	APPROXIMATE INTERVAL
RAMPRY OFFICION	APPROXIMATE INTERVAL
S A CONSEQUENCE OF:	
S A CONSEQUENCE OF:	***************************************
20A-AUTOPSY? (Yos of No.) 20B, IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
in or obout 21C, WHERE DID (If In Boltimore office bldg., INJURY OCCUR?	City, give exoct location)
21 F. HOW DID INJURY OCCUR?	
	3/8/65 19
	addin occorred on the dor
view the body offer dedin-	23B, DATE SIGNED
tending Med. Staff	3/17/5 14
ys. Director L. Phys. L.	0/100
	to. Md.
E	
	y, town, or county) (Stote)
	Vir ginia
25C. FUNERAL DIRECTOR	ADDRESS
Howard Ho Hubbard, 4107	Wilkens Avenue 21
ilk This ER	in or obout 21C. WHERE DID (if in Boltimor. office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19

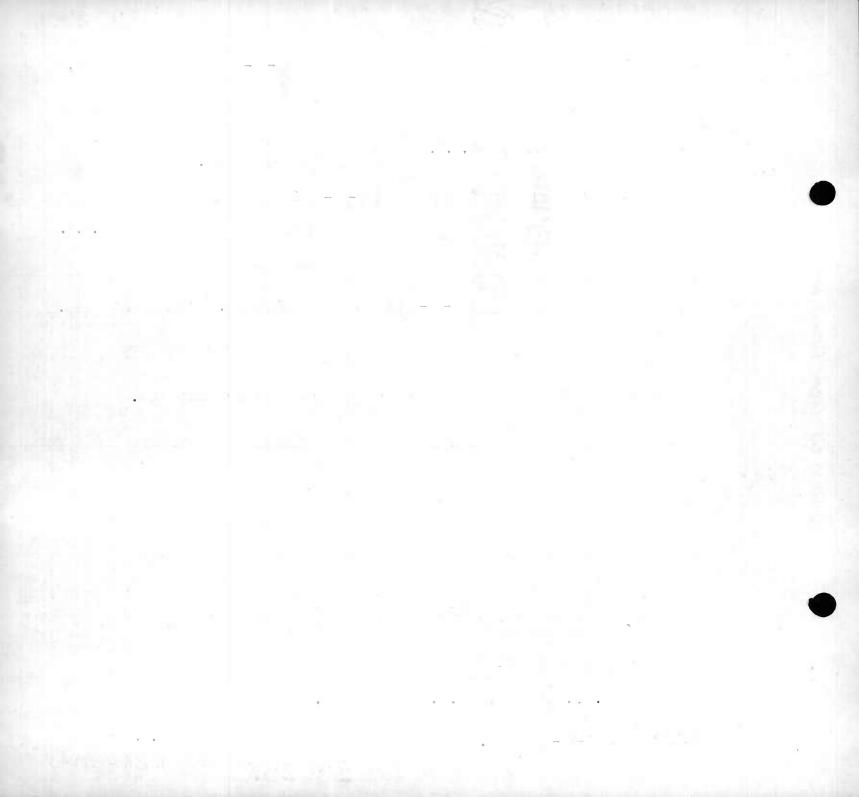




BIRTH NO. M.E. CASE NO.	0.	2 23	CERTIFICA	TE OF DE	EATH	Registered No.	69 2928	
1. NAME OF DE	CEASED	ER J.	LEAGUE			nd hour of death	1	
FULL NAME HOSPITAL OF INSTITUTION	OF (If not in hospital address or location 113 N. High	or institution,)	·	A. USUAL RESIDENCE (Where decoosed lived. If institution: residence before a state B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 113 N. Highland Avenue				
5. SEX	6. RACE White	7. MARRIED, WIDOWEI	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	Н	9. AGE (In yours lost birthday) 69	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
done during most o			ehem Steel	Baltimo	ore, Ma	aryland	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NA	Nelson League			14. MOTHERS A	sa Hi			
15. Was Decease (Yes, no or unknow Yes	od Ever in U. S. Armed Ford wn) (If yes, give wer or date 11-28-17 8	-29-19	16. SOCIAL SECURITY NO. 216-03-4051	17. INFORMANT Edmund I	eague	404 Laura	Address Avenue	
heart failure injury or co	nol meon the mode of a state of the course o	the disease, death.) ony, giving stoling the	(B)					
	P CONDITION CAUSING I'DF OPERATION 198. CON WAS PERF	DITION FOR	WHICH OPERATION	20 A. AUTOPS	Y? (Yas or N	o) 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
OR CONTRI	ENT WAS UNDERLYING DEBUTING CAUSE OF		RPLACE OF INJURY (a.g., in na. form, foctory, street, of .)	ar about 21 C. WI fice bldg., INJURY	HERE DID OCCUR?	(If in Baltiman	a City, giva axact location)	
21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	Wh		· 🗆		JURY OCCUR?		
	nd from the couses stat		1) (yet (did (did not) v	iew the body of	ond n	nor mitmy, toor, apr	23B. DATE SIGNED Mar. 19, 1969 Arc, 21231	
REMOVAL Burial	(Specify) 248. DATE (Specify) 3-21-19		ame of CEMETERY of CRE	MATORY	100		ity, town, or county) (State)	
	D BY HEALTH DEPT.		E GOLDENS	Lilly	L DIRECTO	R	ADDRESS 01-07 Eastern Ave.	

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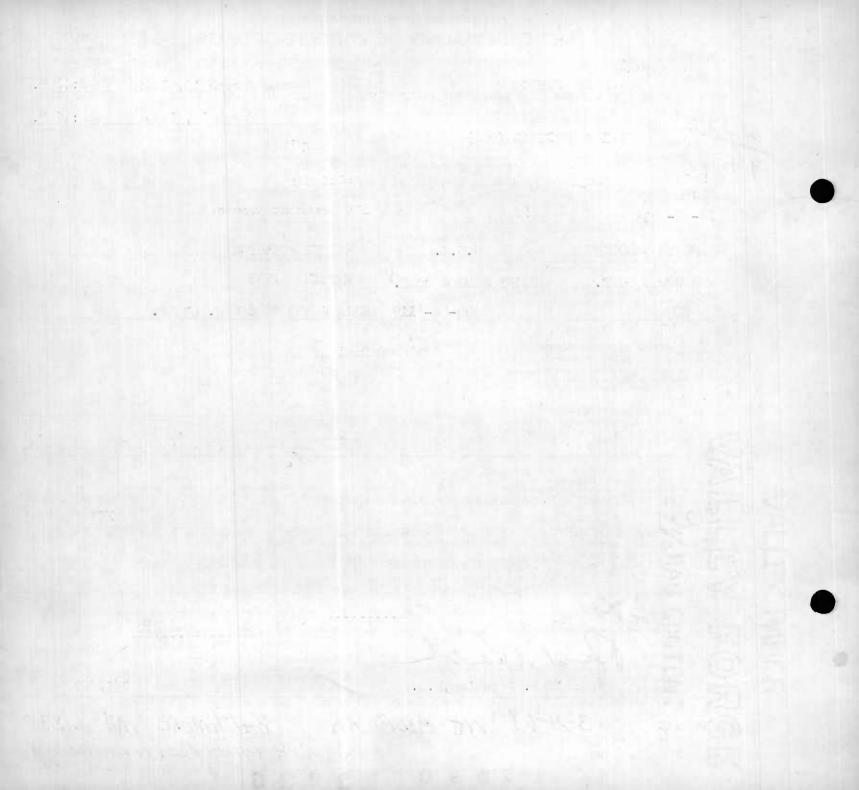
	00	00	00	BALTIMORE	CITY HEALT	DEPARTMENT			00	0000
BIRTH NO.	69	29	23	CERTIFIC	CATE	F DEATH	REG	. NO	69_	2929
NAME OF DE	CEASED					2. DATE	AND HOUR O	DEATH		
Trees on Briefl	Randolph Gl	0900							1	112 4
	ALTIMORE MARYLAND.		NO LINE	SED DEAD	T4 11511	AL PESIDENCE (W	1-69	lived If in	atitutiont socide	ence before admissi
. PLACE IN B	LIIMOKE MARILAND,	WHERE PRO	NOUNC	ED DEAD	A. STA		JNTY	nved. 11 in	smonon: resid	A service damissi
ULL NAME O	F (IF NOT IN HOSP	TAL OR INS	STITUTIO	N. GIVE STREET	Ms	ryland			12	-03
OSPITAL OR	ADDRESS OR LOC	31110110	THE STREET	C. CITY	OR TOWN		D. INSI	DE CITY LIMIT	5?	
13111011014						ltimore			YES X	поП
						ET AND NUMBER			IE3 [A]	140
UNION	MEMORIAL HOS	TIPAL	D.	O. A.						
						03 Barcl				
. SEX	6. RACE	7. MARRI	IED 🗌	NEVER MARRIED	B. DATE	OF BIRTH	9. AGE (In last birthday)	ears	Months Day	Yr. If Under 24 h
Male	Negro	WIDOW	VED Y	DIVORCED	□ 2_T(-19oI	69			
	CUPATION (Give kind of wo	rk 108. KIND	OF BU	SINESS OR INDU	STRY 11. BIRT	HPLACE (State or fo			12. CITIZEN	OF WHAT COUN
	of working life, even if retired				1		-11			
NON	E				1	IRGINIA			U	.S.A.
FATHER'S N	AME				14. MO	THER'S MAIDEN N	AME			
						MARY CO	Y			
			1.							
es, no or unknow	ed Ever in U. S. Armed Forn) (If yes, give war or da	orces? tes of servic	e) 16.	SOCIAL SECURITY NO.	17. INFO	RMANT			AD	DRESS
					DANTO	OT DU OT ACC	O TO 11	מל ת	ATT MATT	DD
NO	0.00		4	12-16-644(OLPH GLASC	O ak. III	135 PI		PPROXIMATE INTERVA
1	ASE OR CONDITION D			*					BETV	EEN ONSET AND DE
	the above couse (A NG CONDITION last.	stating	1he	(c)						
	- 11									
OTHER SIGN	IIFICANT CONDITIONS C	ONTRIBUTIN	NG							
TO THE DE	ATH BUT NOT RELATED TO	THE TERMIN								
19A. DATE	CONDITION GIVEN IN PA		OR WHI	CH OPERATION	[20A.	AUTOPSY? (Yes ar	Nal 208, IF YI	S. WERE	FINDINGS CO	NSIDERED
		RFORMED					IN CERTIF	YING CA	USES OF DEA	TH?
OTHER SIGN TO THE DE DISEASE OR 19A. DATE	ENT WAS UNDERLYING		21 R BI 4	CE OF INITION	o a in a abau	21C WHERE DID	11.8	In Palit	a City -1	not longtion
OR CONTRI	BUTING CAUSE OF		home, i	form, foctory, street	e.g., in ar abou et, affice bldg.	21C. WHERE DID INJURY OCCUR?	(11	ın Baltimar	e City, give ex	act lacation)
21D. TIME	(Month) (Day) (Year) (Hourl	21 E, IN	JURY OCCURRED		21 F. HOW DID II	NJURY OCCU	R?		
5	12 0/1		While A		While					
(APPROX.)		0	Wark	At \	Wark L					
22, 1 carei	y that (1) (this hospite	ol) ottende	nd the	deceased from	6/23/6	6	19 to	2/2	1/69	19
				2/21/69						
	e) lost sow the deceos					ond		(our) opi	mon deoth o	ccurred on the
ond hour	nd from the couses st	oted obove	e. (I) (Y	Ye) (did) (did n	ot) view the	body ofter death	1.			
23A. SIGNA	TURE ,		23B, DATE SIGN							
1	Melyelle	· Mes)		Attending V	Med.	Staff		2/17/	60
220 BHV610	TANKS	11-	_	DEGREE	Phys. 23D, ADI	Director L	Phys.		D/T/	69
23C. PHYSIC NAME	(Type)									
	F. C. C	aguin	, 1	M.D.	336	E. 25th	Street			
4A. BURIAL C	REMATION, 24B, DATE			of CEMETERY of	GREE		LOCATION		ty, town, or co	ountyl (Stote
REMOVAL	(Specify)									,
BURIAL	3-18-6	9 M	T. C	ALVARY			EDAR HI	LL M	.D.	
5A. DATE REC										
	D BY HEALTH DEPT.	25B. NAA		EGISTRAR	25C	FUNERAL DIRECT	OR 114-11	70	1 110	ADDRESS
141	D BY HEALTH DEPT.	25B. NAA			250	FUNERAL DIRECT	GHT 16	39 N	BROA	ADDRESS AVVAY
'S 150-REV. 1/	D BY HEALTH DEPT.	25B. NAA			250	FUNERAL DIRECT	GHT 16	39 N	BROA	ADDRESS DVAY



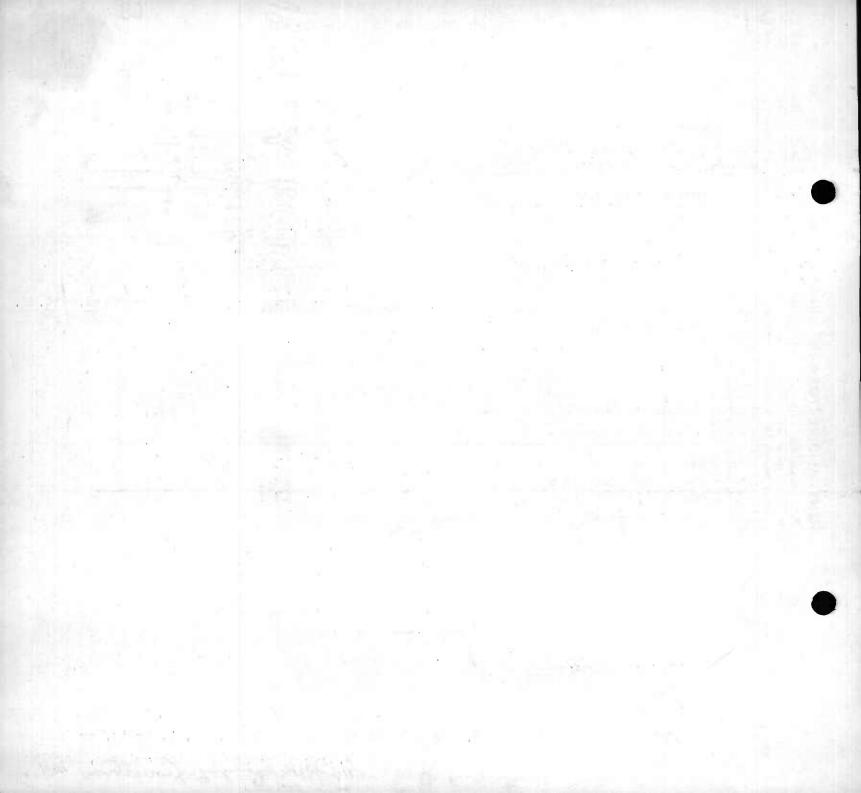
OO BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH REG. NO.	69	2
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H			MED	ICAL	EX	AMINER'S	CERTIF	CATE	OF I	DEAT	H PEG NO	69	2920		
	RTH NO.										KEG. 140.				
	NAME OF DEC	EASED					2. DATE OF	Known [Month	Doy	Yeor	Hour		
(''	pe or rriniy	WAVERL	Y JOH	INSTO	N		DEATH	Estimoted		March	16, 196	59	6:46 P.A		
4.	PLACE IN BAL						3. DATE			Month	Doy	Yeor	Hour		
HC	LL NAME OF SPITAL INSTITUTION	(IF NOT	IN HOSPITA	LE OR INS	TITUTIO	N, GIVE STREET		DUNCED DEA	M		16, 1969		6:46 P.A		
		HOPKINS	HOSPI	TAL	(DOA	7)	A. STATE	Marylar		geceasea ii	B. COUNTY	2	7-10		
6.	SEX	7. RACE		B. MARE	RIED T	NEVER MARRIED	C. CITY O	R TOWN			D. INSIDE C	ITY LIMITS	?		
	la1e		gro	WIDOV		DIVORCED	1	imore			Y	ES V	NO 🗌		
	DATE OF BIRTI 2-22-193		10. AGE (in lost birthdo)	yeors y)	Month	der 1 Yr. If Under 24 Hrs s. Doys , Hours , Min 1 1 t		and numb		enue					
	BIRTHPLACE (S				12. CI	TIZEN OF	13 FATHE	R'S NAME							
5			, ,		W	HAT COUNTRY?	III. TAITE	N S TVAINE							
	NORTH C.	AROLINA	L. I. a. (I)	AB MINIE	I I	S. A.	WA	TER JOH	INST	ON					
	e during most of w			140. KINL	OFB	USINESS OR INDUST	CY 13. MOTH	EK 5 MAIDEN	NAM	E					
W.	AREHOUSE	SUPT.		DATE	Y KI	ING & CORP.			IVEY						
16.	WAS DECEAS s, no or unknown)	ED EVER IN U	J.S. ARMED	FORCE	S?	17. SOCIAL SECURITY NO.	18. INFO	MANT	risko I		Α	DDRESS			
(10	NO	(ii yes, give w	of of doles	OI 361 VICE		211-118-6119	DELLA	JOHNSTO	ON 6	08 E.	13 ST.				
-	19.	0.				CAUSE OF DE					4)		APPROXIMATE INTERVAL		
	///	017										BET	TWEEN ONSET AND DEAT		
		E OR CONDI' LEADING TO		CTLY			rmined								
		ot meon the r		ina. e.a		(A)IMMEDIATE	AS A CONSE	OHENCE OF							
	heort loilure	, osthenio, etc. oplication which	It means the	disease,		DUE 10, OR	AS A CONSE	QUENCE OF:							
	injury or con	ipiiconon which	1 coused dec	m.)											
	AL	NTECEDENT C	AUSES			(B)									
	DISEASES	OR CONDITIO	NS, IF ANY	, GIVING		DUE TO, OI	AS A CONS	EQUENCE OF:			*****				
М		ABOVE CAU		ING THE											
N				3	-	(c)						********			
Ĕ	OTHER CICAL		DITIONS CO	SAITBIBLE	TING										
0	TO THE DEA	IFICANT CON ATH BUT NOT I	RELATED TO	THE TERM	AINAL										
CERTIFICATION		CONDITION				100									
8	20A. DATE OF	OPERATION	20B. CON	NOITION	FOR V	VHICH OPERATION V	VAS PERFORMED						21. AUTOPSY? (Yes or No)		
0	2)	yes					
EDICAI	UNDERIVING		RIB-		22B. Pl home,	ACE OF INJURY (e.g form, foctory, street, off	., in or obout ice bldg., etc.)	22C. WHERE INJURY OCC	DID (II	f in Boltimo	re City, give ex	oct location)		
	22D. TIME	(Month) (De) (Hou	r) 22	E.INJURY OCCURRED		22F. HOW DI	D INJ	URY OCC	UR?				
	(APPROX.)						T WHILE								
	23.				m. W	ORK AT	WORK L		_						
		ify that I he	ld on l		7	Inspection A	utoney 3	and that	on thi	is basis	death in mu	anlaion			
								-							
Г	result	red from: No	turol cau	ses	Ac	cident Suic	ide 🔲 🔝	lomicide 🔲		ndetermi	ned monner	X			
	- F		0	01	1/	, 8		CHIEF MEDI	CAL EX	AMINER			DATE SIGNED		
	SIGNATI	IDE / 12	rel	111	Ch	M	n AS	SISTANT MEDI	CALEX	AMINER	xx		DATE STOTLED		
Ю	EXAMIN	ED'S		,				OCIATE MEDI	CALEX	AMINER					
	NAME (T	D.	ona 1d	N. K	ornb	lum, M.D.	700	O CIATE MED	0,16 2,			3/1	L7/69		
	A. BURIAL CRE		B. DATE		240	NAME of CEMETER	or CREMA	ORY	24D. L	OCATION	(City, tow	n, or count	ty) (State)		
	MOVAL (Speci	(V)	3-21-	-1.4		not- 411	Zz, OA	1	17	1/-	MARKE	1	1 919:21		
	BURIAL	DV HEATTH -	121	01	1	YNI-MUL)un/	FUNEDAL DI	10/	TN-111	MUKL	YIA	ا درام ،		
25	A. DATE REC'D	BA HEALLH D	EPI.	25B. N	VAME (OF REGISTRAR		SEPH	KECTO	WIGH.		NORESS	endows		
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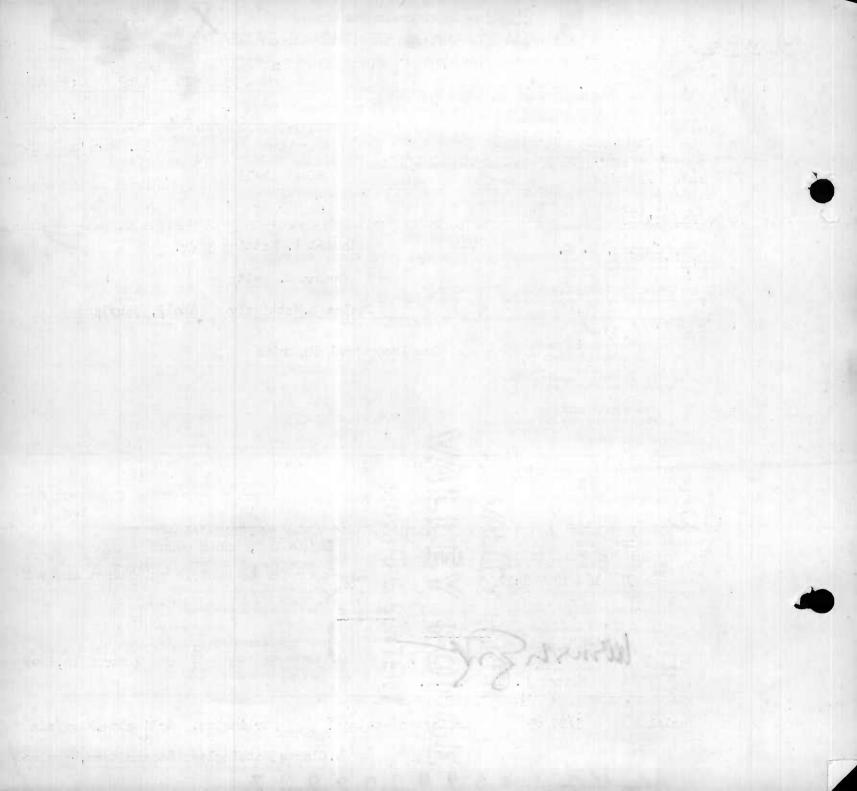
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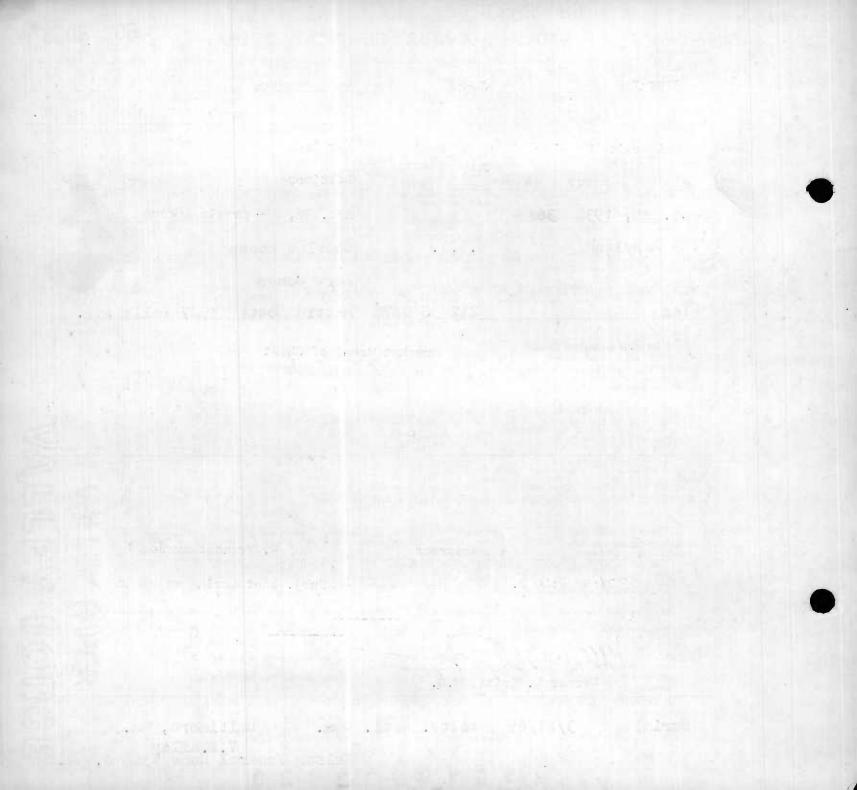
69 2932 BALTIMORE CITY HEALTH DEPARTMENT

MEDI		CERTIFICATE	OF	DEATH	
MED		CERTITION	01	<i>D L</i> / () ()	REG

			MED		_	LTIMORE CITY HE			OF	DEAT	H REG. N	69	2932	
SIR	M NO.										REG. P			
	AME OF DE	CEASED					2. DATE	Known X	3	Month	Day	Year	Hour	
(Тур	e or Print)	eorge	C. Mat	tingly		Company of the	OF DEATH	Estimated		3	16	1969	6:35	AM
4. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD								-	Manth	Day	Year	Haur	
HOS	NAME OF	(IF NO	OT IN HOSPIT	AL OR INSTIT	ution,	GIVE STREET		INCED DEAD		3	16	1969	6:35	AM.
OKI	NOITUTITZN J	Jnivers	ity Ho	spital			A. STATE	Marylan		dece osed li	B. COUNT	٧	e before odmiss ary's C	
6. S	EX	7. RACE		8. MARRIE	пПп	NEVER MARRIED	C. CITY OR	TOWN			D. INSID	CITY LIMITS	?	
	ale	White		WIDOWE	D	DIVORCED		11000	Abe:	11		YES X	NO 🗆	
	May 11.		10. AGE (I	n years		1 Yr. If Under 24 Hrs. Days Haurs Min.	E. STREET	IND NUMBE	R				68-0	0 .
	BIRTHPLACE				CITIZ	ZEN OF	13. FATHER	SNAME					0	
	SIKITII ENGE	51016 01 1016	gii cooiiiiyy			SA COUNTRY?								
14A.	USUAL OCCU	gton. I	ve kind of work	14B. KIND C	-	INESS OR INDUSTRY	15. MOTHE	ert A. N	NAM	tingly	y Jr.			
done	during mast of	working life, e	ven ifretired)				The	lma L.	We	1 t.v				
16.	WAS DECEAS	ED EVER IN	U.S. ARME	D FORCES?	17.	SOCIAL	18. INFORM					ADDRESS		
(Yes	, na ar unknawi	(If yes, give	war or dates	of service)		SECURITY NO.	Tholms	L.Matt	+in	~7.7.	Abal	l. Mary	-land	
_	19.					CAUSE OF DEA		L Deride	CTII	8 1 .y	MUGI	I. Mary	APPROXIMATE IN	TERVAL
	EXI	6:01				CAUSE OF BEA						BE	TWEEN ONSET AN	D DEATH
	DISEA	SE OR CON		CTLY		Cranioc	erebral	Injuri	es					
	(Th:	LEADING T	AUSE											
	heort failur	not meon the e, osthenio, et	c. It meons th	e diseose,		DUE TO, OR	AS A CONSEQ	UENCE OF:						
	injury ar ca	mplication wh	ich coused de	ath.)										
	Δ.	ANTECEDENT CAUSES (R)												
	DISEASES	OR CONDIT	IONS, IF AN	Y, GIVING		(B)	AS A CONSE	QUENCE OF:						
	RISE TO TH	IE ABOVE CA	AUSE (A) STA	ATING THE										
Z	ONOLKEN		11011 12011			(c)								
F[П	0.1-0.0110.										
FICA	TO THE DE	NIFICANT CO ATH BUT NO R CONDITION	T RELATED TO	THE TERMIN	IAL									
CERTIFICATION	20A. DATE C	F OPERATIO	N 20B. CO	NDITION F	OR WH	ICH OPERATION W	AS PERFORM	ED				21. AU	TOPSY? (Yes o	r No)
	201		1446	To	D 61 4	CE OF WHITE		OC WILLERS !	DID (u . n lu	6	11		
EDICAL	UNDERLYIN UTING C		VTRIB-	h	ame, fa	CE OF INJURY(e.g., rm, factory, street, offic street	e bldg., etc.)	NURY OCCI Route 2	49	, Sout	h bou	nd	68-0	0
Σ	22D. TIME		(Day) (Yea			MILLIAN OCCUPED		2F. HOW DIE	LNI	URY OCC	UR?			-
	(APPROX.)	3 1	6 196	9 1:20	WHIL WOR	E AT NOT	WHILE X	operato	r	of veh	icle v	which l	ost con	trol
	23. 1 cei	tify that I	held an	Inquiry [In	spection Au	tap sy	and that	on th	is bosis,	death in	my opinion		
	resu	Ited from:	Natural ca	uses 🗌	Aoci	dent X Suicle	de H	micide .	t	Indeterm	ined monn	er 🗌		
		1.000			No.	1		CHIEF MEDIC	CALE	XAMINER				
	ACTUA	1 110	my	17/	2		ASS	STANT MEDIC			25	W.,	DATE SIGN	
	SIGNA	TURE		14	7	M.D).					Ma	rch 16,	1909
	NAME		Werne	r U.S	pitz	M.D.	ASSO	CIATE MEDIC	CAL E	XAMINER				
24/ RE/	MOVAL (Spe	MATION,	24B. DATE		24C. N	NAME of CEMETERY	or CREMATO	DRY	24D. I	LOCATION	(City,	tawn, or caur	ity) (Stai	re)
	Burial		3/20/			Arlington N				lingto	on, A	rlingto	n.Virgi	nia
25/	A. DATE RECH	201 2 2 2-2				REGISTRAR		FUNERAL DIF				ADDRESS		
		以水 / 新	1959 (المال	40	Tilelice/An	W.	Clarke	Ma	tting	Ley L	eonardt	cown, Mar	yland
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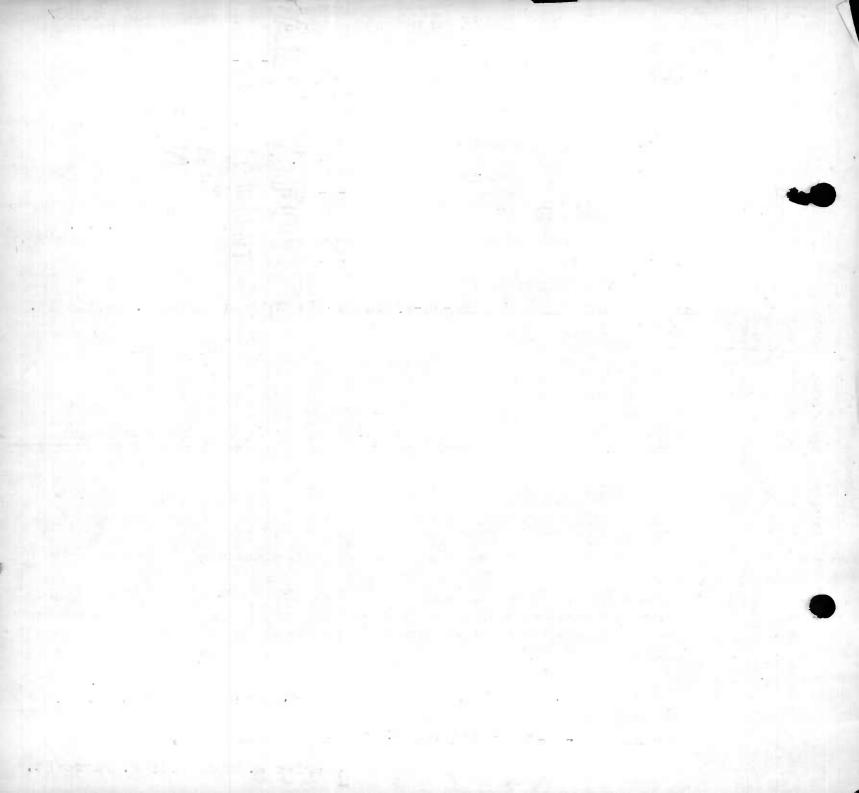


	TH NO.		MEDIC							
	NAME OF DEC	EASED				2. DATE OF	Known . Mont	h Doy	Yeo	Hour
(.,,	JEREM:	IAH		J	IONES	DEATH	Estimoted X			м
					OUNCED DEAD	3. DATE	JNCED DEAD Month		Yeo	
HO	L NAME OF SPITAL	(IF NOT IN ADDRESS (HOSPITAL (OR LOCATIO	OR INSTITUTI O N)	ION, GIVE STREET	PRONOC	Mar Mar	ch 17,	1969	19:30 P.
OR	INSTITUTION					5. USUAL RE	ESIDENCE (Where deceos	sed lived. If institu	tion: residen	te before odmission)
-	Univer	sity Hos	spital	(DOA)		A. STATE Mary	yland	B. COUNT		17-03
6.	SEX	7. RACE	8.	MARRIED	NEVER MARRIED	C. CITY OR	TOWN	D. INSIDE	CITY LIMIT	5?
	male	negro) v	VIDOWED	DIVORCED [Balt	timore		YES X	NO 🗆
9.	DATE OF BIRTH	1 10.	AGE (In ye		nder 1 Yr. If Under 24 Hrs		ND NUMBER		120 223	
S	ept. 21		t birthdoy)	Mon	ths Doys Hours Min.		. 9F, 900 Arg	vle Aven	ue	
		tote or foreign co			CITIZEN OF	13. FATHER		,,		
	Mar	rvland		i	WHAT COUNTRY?	Cha	rles Jones			
	USUAL OCCU	PATION (Give kine		B. KIND OF	BUSINESS OR INDUSTR	RY 15. MOTHER	R'S MAIDEN NAME			
don	e during most of w	orking life, even if	retired)			7:11	T			
16	WAS DECEASE	D EVER IN U.S.	ARMED F	ORCES?	17. SOCIAL	18. INFORM	y Jones		ADDRESS	
(Y e	s, no or unknown)	(If yes, give wor	or dates of	service)	SECURITY NO.			000 T		
_	Yes				212 30 087		tie Scott	3927 B	elle .	AVE APPROXIMATE INTERVAL
	E96	N.			CAUSE OF DEA	AIH			81	ETWEEN ONSET AND DEAT
		OR CONDITIO		LY	Cunshot	Wound o	of Chest			
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EDICAL CERTIFI	heort foilure, Injury or com AN DISEASES CRISE TO THE UNDERLYIN TO THE DEAD DISEASE OR 20A. DATE OF 22A. EXTER! UNDERLYING UTING COF INJURY (APPROX.) 23. I certification of company of the company of	osthenio, etc. It medication which control of the c	JSES S, IF ANY, G (A) STATIN LAST. CIONS CON ATED TO TH EN IN PART OB. COND S (Year) 9:10 on Inqu	SERVING BETTERBUTING IT TERMINAL IT 1 (A). ITION FOR RE (Hour) 2 P. m. Vuiry Unity	(B)	VAS PERFORM ., in or obout 2 ice bldg., etc.) If WHILE X utopsy X ide Ho	DUENCE OF: 2C. WHERE DID (If in Boly) OCCUR? 605 N. Frem 2F. HOWDID INJURY C Subj. shot du ond that on this bomicide XX Undete	nont Aven occur? uring arg sis, deoth in r	exoct locotion	Yes 17-02
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MEDICAL CERTIFI	heort foilure, Injury or com AN DISEASES CRISE TO THE UNDERLYING TO THE DEAD DISEASE OR 20A. DATE OF 22A. EXTER! UNDERLYING TO TIME (OF INJURY (APPROX.)) 23. I certification of the company of the c	osthenio, etc. It miplicotion which control of the property of	JSES S, IF ANY, G (A) STATIN LAST. HONS CON ATED TO TH EN IN PART OB. COND S (Year) 9:10 on Inquirol couse mer U. DATE 3/21/T.	SERVING BETTERBUTING TETERMINAL TO (A). ITION FOR (Hour) 2 P. m. Viss A Spits Spits	PLACE OF INJURY (e.g. e. farm, foctory, street, officestaurant 22E. INJURY OCCURRED WHILE AT NOWORK AT Suici	VAS PERFORM , in or obout 2 ice bldg., etc. III D. ASSIS ASSO Y or CREMATO 25C. F	DUENCE OF: 2C. WHERE DID (If in Bol NJURY OCCUR? 605 N. Frem 2F. How DID INJURY CONTROL Subj. shot du ond that on this bouncide XX Under CHIEF MEDICAL EXAMIN MEDICAL EXAMIN MEDICAL EXAMIN POLITE MEDICAL EXAMIN CIATE MEDICAL EXAMIN POLITE POLITE MEDICAL EXAMIN POLITE	nont Aven DCCUR? Iring arg sis, deoth in remined monne NER NER NER NER NER NER NER NER	exoct locotionale cument my opinion or cour	Yes DATE SIGNED 3/18/69 Output (Stote)

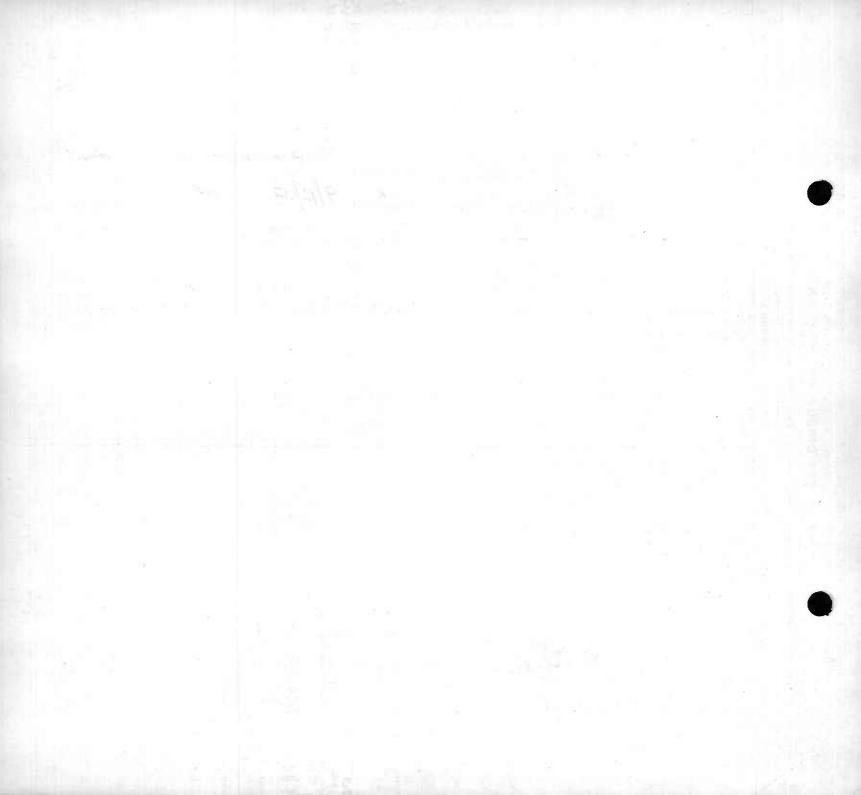


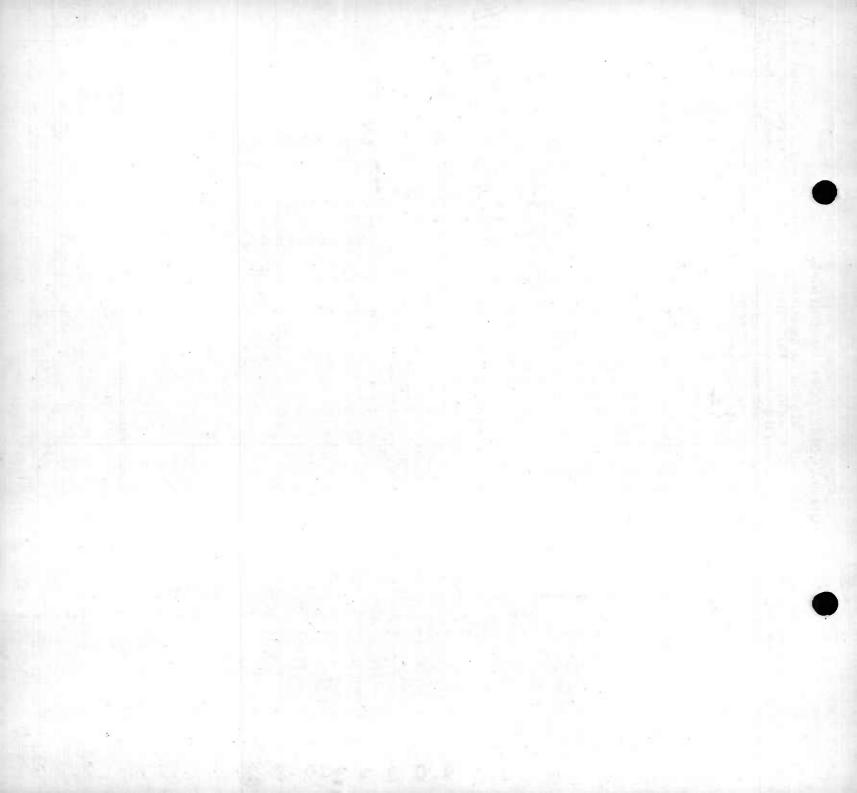
VS 150-REV. 1/1/6B

	65	20		TE OF DEATH	REG. NO.	69 2935
BIRTH NO.		7 23	30 CERTIFICA			
Type or Print)		la d'I made			AND HOUR OF DEAT	тн
	Leroy P					f institution; residence before admission
3. PLACE IN BA	LTIMORE, MARYLAND, V		UTION, GIVE STREET	A. STATE B. COL		S-06
HOSPITAL OR	ADDRESS OR LOC	ATION)	OHON, ONE STREET	C. CITY OR TOWN	D. 11	NSIDE CITY LIMITS?
				Baltimore		YES NO
20 1	835 North C	astle	Street	E. STREET AND NUMBER	925-25	
				1835 N. Ca	stle St.	
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH 1-3-1890	9. AGE (In years lost birthdoy)	tf Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
M	IN STONE (Give bind of wee	WIDOWED		11. BIRTHPLACE (State or fo		12, CITIZEN OF WHAT COUNTS
	f working life, even if retired)	KIOS. KIND O	P SOSINESS OK INDOSIKI	II. SIKINFLACE (Store or to	reign country/	U.S.A.
FATHER'S NA	AME			14. MOTHER'S MAIDEN N	AME	
Harp	er Philpot			Lena		
es, no ot unknow	d Ever in U. S. Armed Fo	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	ww T		160-09-4399	A Jessie Phi	lpot 183	5 N. Castle St.
1B. 1k.	0,91		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
UNDERLYIN	he abave cause (A) NG CONDITION last.	NTRIBUTING	(c) ,_) <u>(U</u>	MUC-UD	hour	
	OF OPERATION 198. CONWAS PER	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING [BUTING CAUSE OF fy medical examiner)	211 hor etc	me, form, foctory, street, o	in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltin	more City, give exoct location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 211	E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY	(100)	w	hite At Not Whi	le 🗖		
22 1	al a (IV falsa laastaa			Marc	1954 to	Mar 196.4
	y that (1) (this hospita			1 20 (14)		
	Tast saw the deceas			/		opinian death occurred on the de
	a a a a a a a a a a a a a a a a a a a	ted obove. ((I) (We) (did) (did not)	view the body ofter death	١.	
23A. SIGNA	TURE A - 1 /	1				23 B. DATE SIGNED
01	WIVH Ca	Munt	DEGREE Phy	ending Med. Director	Staff Phys.	1819 an 69
23C. PHYSIC NAME		arter		23D. ADDRESS 4215 Park Hei	ahts Avo	Balto. Md. 21215
4A. BURIAL CI	REMATION, 24B. DATE		DEGREE		LOCATION	(City, town, or county) (State)
REMOVAL		60 P	altimore Nat	ional B	altimore,	Maryland
Buri	.al 3-21-		OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
ON PAIL REC	50 5 0 1000 A	0.0	0 Z. O. 44			61 W. Barre St.
/S 150-REV. 1/	GK 19 1909 (J 1/2 -2	5.920000	7114 100 1	11200 0	

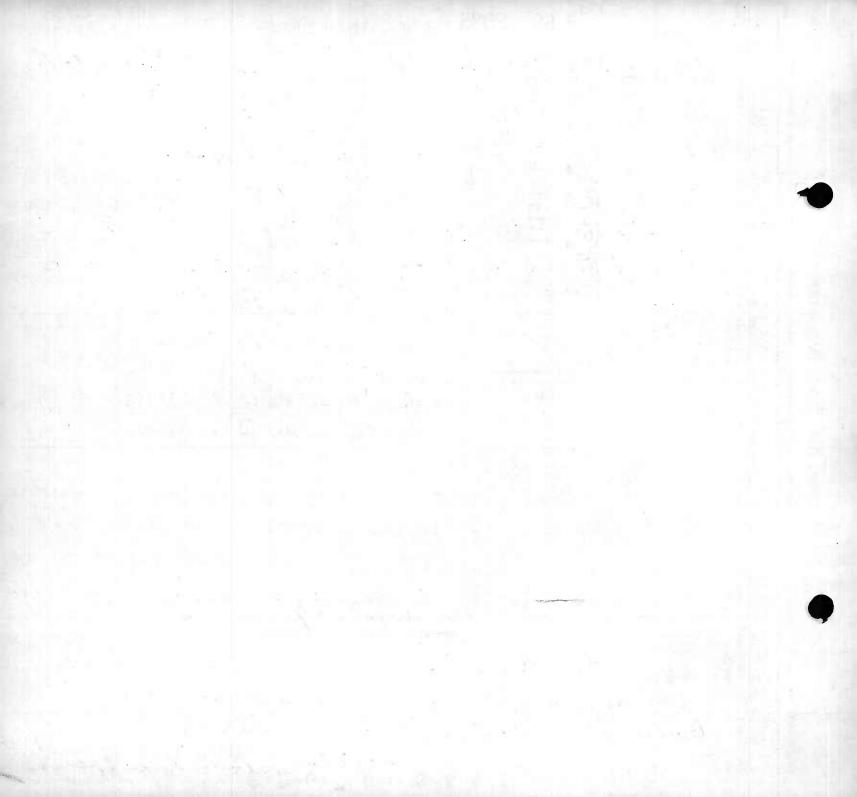


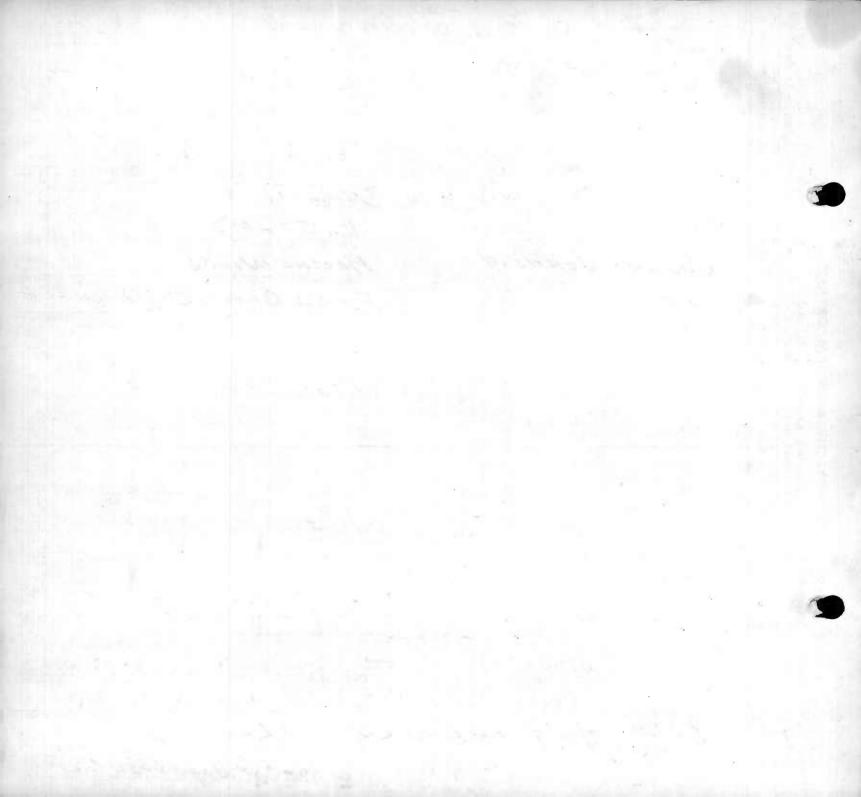
VS 150-REV. 1/1/68





VS 150-REV. 1/1/6B





Such [

	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 0044
BIRTH NO.	69 2941 CERTIFICA	TE OF DEATH REG. NO	69 2941
1. NAME OF DECEASED (Type or Print) Ford. Lavini		2 DATE AND HOUR OF DEAT 3-7-69	н 8:55 а.
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONDUNCED OFAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPI HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	Maryland	15-01
INSTITUTION Provident Hos			ISIDE CITY LIMITS?
39 1514 Division	_	Baltimore E. STREET AND NUMBER	YES X NO
Baltimore, Ma	aryland 21217		
5. SEX 6. RACE	7. MARRIED X NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months! Ooys Hours Min.
Female Negro	WIDOWED DIVORCED	10-22-25 lost birthdoy 43	Months Ooys Hours Min.
10A. USUAL OCCUPATION (Give kind of word done during most of working life, even if retired)	108, KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY
House-Wife		Baltimore, Maryland	U.S.A.
3. FATHER'S NAME	, /	14. MOTHER'S MAIOEN NAME	
France Warrer	regtan	?	
5. Was Deceased Ever in U. S. Armed Fo Yes, no or unknown) (If yes, give war or dat	orces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	3.00 x 11. 110.	Patrick Ford (Husba	nd) Same
18. 4 12,21	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OR CONDITION DI		11110.00	11
(This does not meen the mode of	(A) IMMEDIATE CAL	JSE WLAMW A CONSEQUENCE OF:	3 weeks
heart foilure, asthenia, etc. 11 means	s the disease,	A CONSEQUENCE OF:	
ANTECEDENT CAUSES		benseul au Crorascular	Auge 0 62 14.
DISEASES OR CONDITIONS, II	any, giving (B)	A CONSEQUENCE OF:	menc 2-3 915
rise to the above cause (A) UNDERLYING CONDITION last.	sloting the		
11	(0)		
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO	NTRIBUTING		
IDISEASE OR CONDITION GIVEN IN PAI	RT 1 (A).		***************************************
19A-DATE OF OPERATION 19B. CON	NOTION FOR WHICH OPERATION	20A- AUTOPSY? (Yes or No.) 20B, IF YES, WER	E FINDINGS CONSIDERED AUSES OF OEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., 1	n or obout 21C. WHERE OID /// in Rolling	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, or	fice bldg., INJURY OCCUR?	or only give exoct locotton)
210. TIME (Month) (Day) (Year)	(Hour 21 E INJURY OCCURREO	21F. HOW OIO INJURY OCCUR?	
(APPROX.)	While At Not While At Work	ern	
22. I certify that (I) (this hospita	TTOIR MININ		3-7-69
that (1) (we) last saw the decease		19and that in(my) (our) ap	
	ted above. (i) (We) (did) (did not) v		pinion death occurred an the dar
23A. SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tow the budy their deaths	238, DATE SIGNED
Elijah Su		Med. Shaff Director Phys.	3-7-69
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. AOORESS	
	D.C. COLOR		
AA. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CRI	MATORY 24D. LOCATION (City, town, or county) (Statel
BULLALI	169 Cathedral	CEM. PATIMO	rE. Md.
25A. DATE REC'D BY HEALTH DEPT.	258, NAME OF REGISTRAR	25G FUNERAL OIRECTOR	ADDRESS
MAR 1 9 1969	Robert E. Jahren	Milly 20 Tel	chan

VS 150-REV. 1/1/68

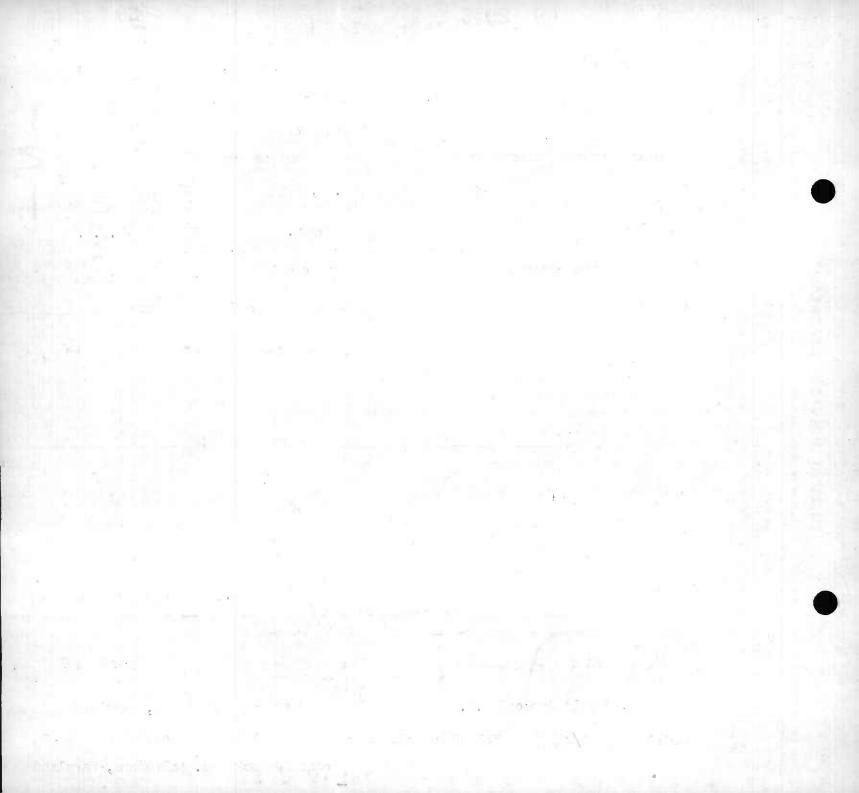


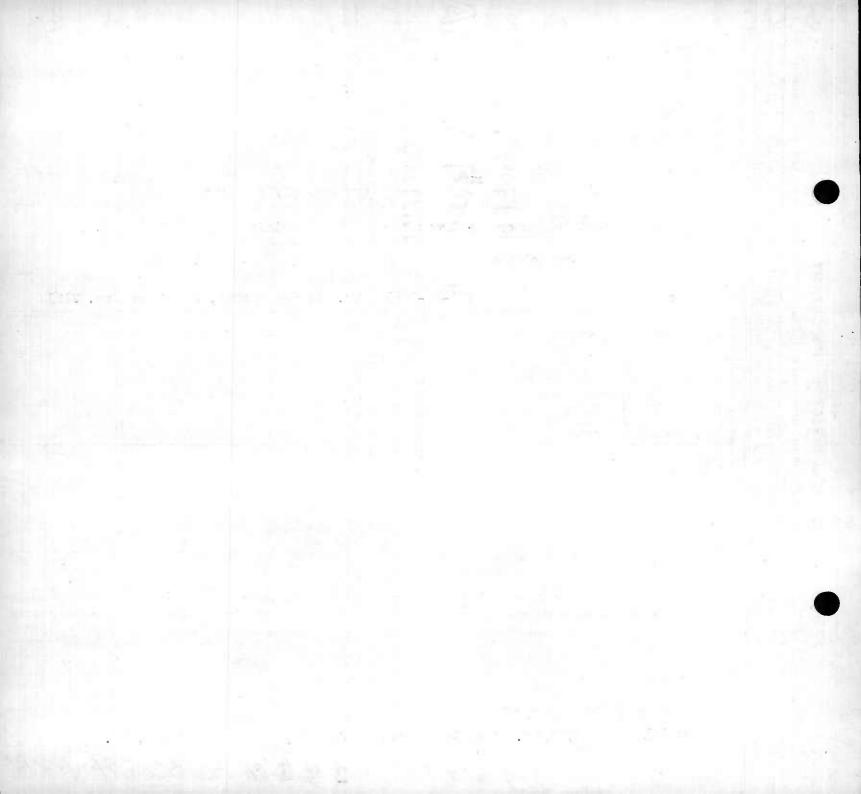
1 1	13-20	6	9 29	CERTIFICA	TE OF D	DEATH	REG. NO.	69	2942
5 1.N	H NO. AME OF DECEA	ASED				2. DATE AN	D HOUR OF DEAT	гн	
(Тур	e or Print)	Gladys Buck				3-17-	-69	1	10:40 A M.
		MORE, MARYLAND, W			A. STATE	B. COUN	e deceased lived. I	institution: resid	ence before odmission)
HO	SPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOCA			Maryla c. CITY OR TO	WN	D. 11	NSIDE CITY LIMIT	rs?
2		timore City		ls	Baltim			YES X	NO 🗌
)		O Eastern Av			E. STREET AN	Carey S	St. 2121	7	007
5. S		to. Md. 2	224	Ó MANAGO AMARONA (T)	B. DATE OF BI		9. AGE (In years	If Under 1	
	'emale		WIDOWED	NEVER MARRIED DIVORCED			lost birthday)	Months Do	Yr. If Under 24 Hrs. Bys Hours Min.
		Negro	_	BUSINESS OR INDUSTRI	8-27-1		gn country)	12. CITIZEN	OF WHAT COUNTRY?
	Housewif				Maryla			U.S	5.A.
13. [ATHER'S NAMI	E			14. MOTHER'S	MAIDEN NA	ME		
	Ely Cart				Berth	a Dorsey	7		
S. V	Was Deceased E , no or unknown) (ver in U. S. Armed For If yes, give wor or dote	ces?	6. SOCIAL SECURITY NO.	17. INFORMAN	IT		AI	DDRESS
					BCH Re	cords:	4940 East	ern Ave.	21224
	18. 4 2	2.91		CAUSE OF DEAT	H				APPROXIMATE INTERVAL
	(This does not	OR CONDITION DIS EADING TO DEATH I meon the made of sthenia, etc. II means	dying, e.g.,	(A)IMMEDIATE CA	USE ATT	HYTHI	r(A		MINUTES
	DISEASES OR	licotian which coused NTECEDENT CAUSES CONDITIONS, if obave cause (A) CONDITION last.	ony, giving	(B)	S A CONSEQUEN	ICE OF:			
ATIC	TO THE DEATH DISEASE OR CO	ANT CONDITIONS CO BUT NOT RELATED TO T NDITION GIVEN IN PAR	HE TERMINAL						
RTIF	0	OPERATION 198. CON	FORMED		I.	10	IN CERTIFYING	RE FINDINGS CO CAUSES OF DEA	ONSIDERED ATH?
CAL	21 A. ACCIDENT OR CONTRIBUT DEATH (notify n	WAS UNDERLYING CAUSE OF	21 B. I home etc.)	PLACE OF INJURY (e.g., , form, factory, street, c	in or about 21 C. V iffice bldg., INJUI	WHERE DID RY OCCUR?	(If In Boltin	mare City, give e	xoct locotion)
ā		Month) (Doy) (Yeor)		e At At Work	le 🦳	HOW DID INJ	URY OCCUR?		
	22. I certify th	hat (I) (this hospital) attended the		3-17-		19 69 to	3-17	1969
	-	ost sow the deceose		3-17 (We) (did) (did not)	19 60		at In(my) (our)	opinian death	occurred an the dote
	23A. SIGNATURE			1		2.191 9001111a		23 B. DATE S	SIGNED
	J.	make Sail	-owit	Dh.	ending	Med. Director	Shaff Phys.	3-17	-69
	23C. PHYSICIAN NAME (Typ		1730WIT	DEGREE ""	23D. ADDRESS	Baltim	ore City I astern Ave	lospitals	
24A		ATION, 248. DATE		ME of CEMETERY OF CE	EMATORY		OCATION (41) Out	(City, town, or c	
25A	DATE REC'D B	SY HEALTH DEPT.	258. NAME OI	F REGISTRAR	25C, FUNER	RAL DIRECTOR	holesad	11598	ADDRESS
5	150-REV. 1/1/68	VI (C)			3 3	-0	VERVICE	11-11	THE LEVEL

for all horoty

In your Liberty mil

VS 150-REV. 1/1/68





23C. PHYSICIAN'S NAME (Type)

VS 150-REV. 1/1768

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)
Burial 3/22/

25A. DATE REC'D BY HEALTH DEPT.

3/22/69.

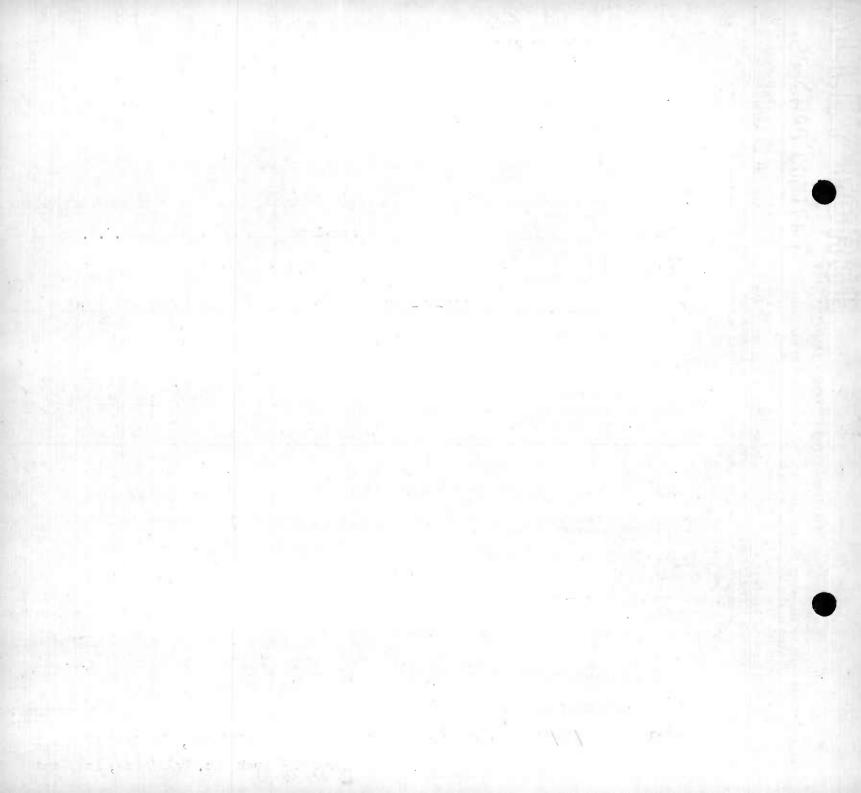
25B. NAME OF REGISTRAR

L		TE OF DEATH REG. NO.	69 2945
	I.NAME OF DECEASED (Henry J. Jarkov, Sr.)	2. DATE AND HOUR OF DEATH March 18,1969	3-18 130 pm
	CERTIFICATE MENTAND, WHERE PRONOUNCED DEAD CERTIFICATE AMENDED HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived If ins	· · · · · · · · · · · · · · · · · · ·
3	The Johns Hopkins Hospital	C. CITY OR TOWN D. INSIE E. STREET AND NUMBER	PE CITY LIMITS? YES NO 3
do.		1709 FORREST	AVE.
is mad	WIDOWED ☐ DIVORCED ☐	B. DATE OF BIRTH 2. 30 - 9. AGE (In years lost birthday) 49 \$12	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
ition	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired) Employee Fischer Body Plant	11. BIRTHPLACE (Stote or foreign country) Maryland	USA
disposition is	13. FATHER'S NAME Henry C. Jarkov	Estelle Pratt	
final	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates at service) 218-09-4822	Mrs. Doris M. Jarkov,	(Same)
ns are embalmed	heort loilure, osthenia, etc. It means the diseose, injury or complication which coused death.) ANTECEDENT CAUSES	ISE METASTATIC LYMPHOBLAS, A CONSEQUENCE OF:	TOMA / YR.
e remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	
re th	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED SPINAL CORD COMPRESSION 21A-ACCIDENT WAS UNDERLYING 1 21B PLACE OF INJURY (S. 12B)	YES NO	NDINGS CONSIDERED SES OF DEATH?
peto	OR CONTRIBUTING CAUSE OF home, form, foctory, street, off etc.)	or obout 21C. WHERE DID (If In Boltimore bidg., INJURY OCCUR?	City, give exact facotion)
obtained before the	21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?	
pe	tha (1) (we) last saw the deceased alive on 3/18	10/28 19 68 to 3/	an deoth occurred on the date
val must	ond haur and from the causes stated obave. (1) We) (did) (did not) vi 23A. SIGNATURE Alternal R dawn from MD DEGREE Phys. 23C. PHYSICIANS	oding Med. Shaff	38. DATE SIGNED 3/18/69

GS CONSIDERED give exact facation) oth occurred on the date Med. Director 23 D. ADDRESS The Johns Hopkins Hospital 24D. LOCATION (City, town, or county) Parkwood Cemetery Baltimore, Md. 25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214

- =

00 20	A C BALTIMORE CITY	HEALTH DEPARTMENT		00 2046
69 20	CERTIFICA	TE OF DEATH	REG. NO	69 2946
I NAME OF DECEASED Mary Gertrud			HOUR OF SEATH	85
1. NAME OF DECEASED HALLY OF WILLIAM (Type or Print) HARY STEW	ART	3-16	HOUR OF DEATH	9 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where d	leceosed lived. If ins	stitution: residence before admission)
HOSPITAL OR HOSPITAL OR IN ADDRESS OR LOCATION)	1	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
Bolton Hill NURSI	NEHONE	BALTIHORE		YES NO
90		E. STREET AND NUMBER	()	
10		816 St. PAUL	St.	
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED		AGE (In years	II Under 1 Yr. If Under 24 Hrs.
T W WIDOV	VED DIVORCED	1-32-80	t birthdoy	With the state of
10A. USUAL OCCUPATION (Give kind of work 10B. KINE			country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)				
Housewile		Maryland 14. MOTHER'S MAIDEN NAME		U.S.A.
		Λ	1	
BAKER, HENRY		Cohly EA, 1	INN	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		B. H. Hill N.	H	5 1 Handaland St.
18. ()	212-12-1007 CAUSE OF DEAT	MUNTONINETIN	PRSINE HOM	APPROXIMATE INTERVAL
1 X 9, 0			1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Curc	norma of /2	richney	7
(This does not mean the mode of dying,	(A) IMMEDIATE CAL	SE U	- Vice	1 yeurs
heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:		
injury ar camplication which caused deoth.)				
ANTECEDENT CAUSES	(0)			
DISEASES OR CONDITIONS, if any, give	ving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above couse (A) stoting				
UNDERLYING CONDITION lost.	(C)			
_	1	1		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN		hora in our	en i.	2 weeks
◆ DISEASE OR CONDITION GIVEN IN PART 1 (A).			200 15 450	
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	26A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
w L	Tana a			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, of etc.)	fice bidg., INJURY OCCUR?	(If in Bottimore	e City, give exoct locotion)
21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJUR	V 0.6.61183	
OF INJURY	While At Not While		1 OCCUR?	
(APPROX.)	Work At Work			/
22. I certify that (1) (this heapital) attended	ed the deceased from	2/18 19/	67 to 3	116 1969
	7/11			/
that (we) last saw the deceased alive			in tany (aut) apri	nian death accurred an the dat
and have and from the causes stated above	e. 4) (We) (did) (did sor) v	iew the bady after death.		
23A. SIGNATURE				23 B. DATE SIGNED
10.6.11(h)	Dhu	nding Med. Ste	off.	3/17/64
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	-	
NAME (Type)	11.0	17115 SA	1. 06	186 -
H-C. HLEVIZAT	OS MD DEGREE	1201 14,1	and 81	1848 21202
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B.	C. NAME of CEMETERY of CRI	MATORY 24D. LOC	ATION (Ci	ty, town, or county) (State)
- 4	Govans Pfesbyert	ian Pal	timore W-	and
7//	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	timore, Ma	ADDRESS
MAK A J 1500 OR O	Part A State Garden	Leonard J Ruck	Inc. Balt	imana Mawrland
				THIOLE " LISTLA TSUICE
VS 150-REV, 1/1/6B	2 4 Dail C	12000 Tron	-110411	maryland



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) D. INSIDE CITY LIMITS? YES DE NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact lacation) March 17 19 69 ...and that in (my) (our) aplnlan death accurred an the date 23B, DATE SIGNED (City, town, or county) Woodlawn Balto Co., Md. Sons C Balto York Rd.

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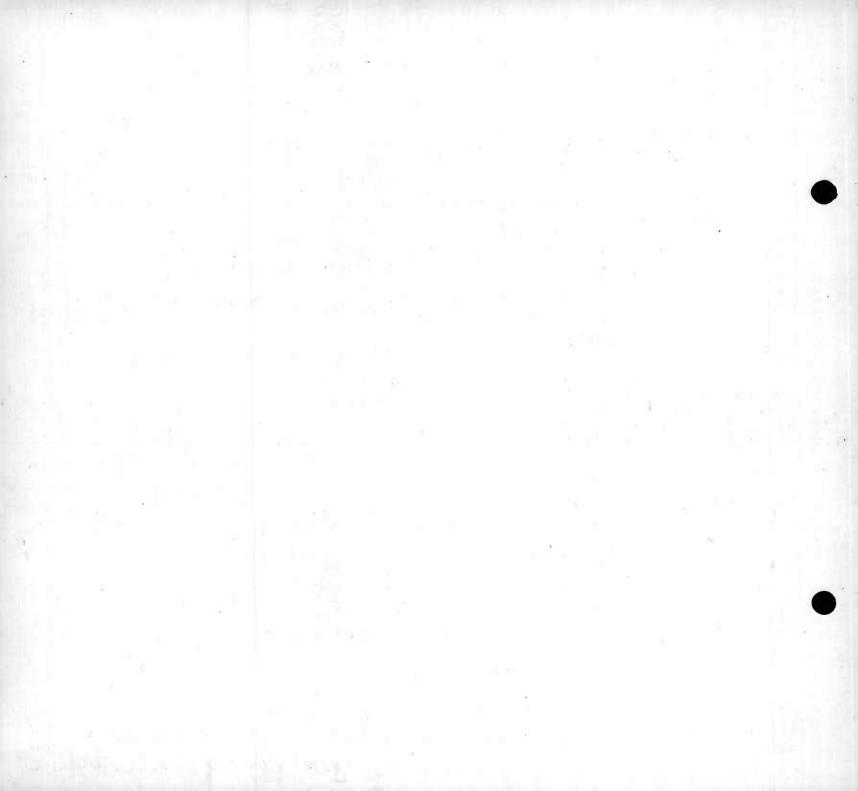
f ()

K.H.

	CO	BALTIMORE CITY	HEALTH DEPARTMENT		69 2948
BIRTH NO.	03	2948 CERTIFICA	TE OF DEATH	REG. NO	00 2010
NAME OF DECEA			2. DATE AN	ND HOUR OF DEATH	
Type or Print)	frace E. Talbot	+	Marc	h 15. 1969	12:10 A.
PLACE IN BALTI	MORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: residence before odmissio
			A. STATE B. COUN	1 IY	17-27
ULL NAME OF	(IF NOT IN HOSPITAL OF	R INSTITUTION, GIVE STREET	l'aryland.	T = 10.15	2/3/
NOITUTION			C. CITY OR TOWN	D. INS	DE CITY LIMITS?
Andloid	ch Nursing Home		E. STREET AND NUMBER		YES NO NO
	pe made ag monde			age Apartme	rts
SEX 6	RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr
Female	white with	OOWED DIVORCED	March 11, 1874	10st birthdoy	Months Doys Hours Min.
		CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	ign country)	12. CITIZEN OF WHAT COUNT
4.4	orking life, even if retired)	h	Manueland		USA
Housewife		own home	14. MOTHER'S MAIDEN NA	AAF	WA
	The state of the s				
John	r Wright		Sarah Garre	tt	
. Was Deceased E	ver in U. S. Armed Forces? If yes, give wor or dotes of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		SECORITI NO.	Emil.	and a	
18.	none	CAUSE OF DEAT	Family rew	/CLA	APPROXIMATE INTERVAL
rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	CONDITIONS, if any, above cause (A) stotic CONDITION last.	(C)	20A. AUTOPSY? (Yes or N	o) 20B. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE OF C	WAS PERFORM		No	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)
21D. TIME	Month) (Doy) (Year) (Ho	ur) 21 E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY		While At Not Whi			
		Work At Work		10 66 . Mar	ch 15. 10 69
22. I certify t	hat (1) (*his-hospital) otto	211000 1110 0000000 110111	/ -	19 66 to Mar	19 05
thot (I) (we) I	ost sow the deceosed oli	ve on March 12,	19.69 and th	natin(my) (our) op	nion deoth accurred an the d
ond hour and	from the couses stated o	bove. (I) (We) (did) (did noi)	view the body ofter deoth.		
23A. SIONATUR					23B. DATE SIGNED
ID.	12	Do ma AH	ending Med. Director	Staff Phys.	March 17, 1969
	10 Cisay	COLIII N DEGREE Ph	/s. Director L.	Phys.	
PHYSICIAN NAME (Typ	iel Tland III	2 N D			
	Lloyd E. S	laylor, M. D.	3902 Greenmo	unt Avenu	9
4A. BURIAL CREM	ATION, 24B. DATE ecify)	24C. NAME of CEMETERY OF CE	EMATORY 24D. I	LOCATION (C	ily, town, or county) (State)
Removal (Sp	2/17/60	2-1-6		C 1 . 11	As I
DUTIES.	3/1//04		netery	cockeysville	2 ADDRESS
SA. DATE REC'D	ARD THE HOUSE A	NAME OF REGISTRAR	John Bruns S	and Tour	oon Maryland
- 4	MAN AN ISON III	9 6 - 9 10 12	U Salar Granis	9.00 1000	on ruguera
S 150-REV. 1/1/68	3				

27.70 THE PARTY IN tarress plane A STATE OF A COME SOUND STATE OF THE STATE O philosope iana Tocam regulard

2.		h4 /	949	T HEALTH DEPARTMEN		00 00 10
BIRTH N	0	00 6	CERTIFICA	ATE OF DEATI	REG. NO.	pa <a4a< th=""></a4a<>
	OF DECEASED			/ 2. DAT	AND HOUR OF DEATH	
(Type or		DRENCE	11 /00	AHAN	7-18-	19 1:001
e			101.		5-10	6/ G-NOAM.
3. PLAC	E IN BALTIMORE, MAI	RYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. C	Where deceased lived. If i	institution; residence before admission)
EULL N	AME OF (IF NOT	IN HOSBITAL OF IN	CIVE STREET	MARYLAND		11-11
HOSPITA	L OR ADDRES	S OR LOCATION	STITUTION, GIVE STREET	C. CITY OR TOWN	D IN	SIDE CITY LIMITS?
INSTITU	ION				7/72	
211	1 -	,		BALTIMOR		YES NO
77	Ba . So.	cours for	DSPITAL	E. STREET AND NUMBI		
	100 h Sec	ours 1.		835 W	OOOWARL) Street
5. SEX	6. RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 His. Months Doys Haus Min,
L	0 101	/	= =	11-23-87	lost birthday	Months Doys Haus Min,
/	e IV	WIDOV		11	81	
	AL OCCUPATION (Givening most of working life, eve		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	toreign country)	12, CITIZEN OF WHAT COUNTRY?
1/	· ·	A X	home	Mour	ORK	N. S.A.
13 EATH	ER'S NAME	100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14. MOTHER'S MAIDEN		76.0.71.
13. PAIR	1		,	MAIDEN	TAME	
	GEORG	E FREE	MAN	tracker	Tolles.	
15. Wos	Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT	7	ADDRESS
(Yes, no o	runknown) (If yes, give	wor or dotes of servi	SECURITY NO.	0		
-			215-10-0150	HIS. CHART	2/asp.	
18.	E (1000 P) 1		CAUSE OF DEA	тн	V	APPROXIMATE INTERVAL
/	DISEASE OR COND	DITION DIRECTLY		(1)		BETWEEN ONSET AND DEATH
	LEADING TO			y en	eralsed	(me tostoti)
(Thi	s daes nat mean the	made al dying.	e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF:		
hea	it failure, asthenia, etc	. It means the dise		1	1. to	4 -0 P
into	y ar camplication whi		Care	comma c	sure to	
	ANTECEDEN	T CAUSES	(B) - Prin	er		Y
DIS	EASES OR CONDITI	ONS, if any, gi	ring DUE TO, OR A	S A CONSEQUENCE OF:		
	la the abave c		Ihe			
UN	DERLYING CONDITIO	N last.	(c)			
	- 11					
O OTH	ER SIGNIFICANT CONDI					
	THE DEATH BUT NOT RE ASE OR CONDITION GI		1AL			
U 19A.		19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? IYes	or No) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A.		WAS PERFORMED		1/0	IN CERTIFYING C	AUSES OF DEATH?
U 21 A	ACCIDENT WAS UND	DERLYING	21 B. PLACE OF INJURY le.g.,	in or obout 21C. WHERE DI	D (If in Boltime	ore City, give exoct location)
OR	ACCIDENT WAS UND	JSE OF	home, form, factary, street, etc.)	office bldg., INJURY OCCU	R?	
U	TH (notify medical exam	niner)	616.7			
	TIME (Month) (D	oy) (Yeor) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
₹ OF	NJURY PROX.)		While At Not Wh			
IAP	now)		Work L At Work	С Ц		
22.	I certify that (N) (thi	s haspital) attend	ed the deceased fram	3/8	19 69 to 3	3/18 1969
that	(1) (we) last saw th	e deceased alive	an 3/18	19 6 G an	d that in (ofv) (our) ar	pinian death accurred an the date
				•		deam deconed an ine date
		auses stated abav	e. (M) (We) (did) (did not)	view the bady after de	oth.	
23A.	SIGNATURE	8 11	· A			23 B. DATE SIGNED
M	ehell'	Danka	Mulli At	tending Med.	Staff Phys.	3/18/69
23 C.	PHYSICIAN'S	1	GEGREE	23D. ADDRESS		
230.	NAME (Type)	Q V.	And	O C	o cours	Alosa, Lad
1 1 1	enal	sound	DEGRE	12 ON	Chrony	10 la 10
M	encu					
24A. BU	0.000	B. DATE 24	C. NAME of CEMETERY or C	REMATORY 24	D. LOCATION I	City, tawn, or county) (State)
24A. BU REA	RIAL CREMATION, 24E	1 1 2	C. NAME of CEMETERY or C	1 - 1	1110	1 1 -11 711
1	RIAL CREMATION, 24E	122/69 2	c. NAME of CEMETERY of C ew- Cathedral	Cemp ,	430 peld Ing	desick Rd. Md.
17	RIAL CREMATION, 24E	122/69 2	C. NAME of CEMETERY or C	1 - 1	430 peld Ing	1 1 -11 711
-1	RIAL CREMATION, 24E	122/69 2	c. NAME of CEMETERY of C ew- Cathedral	Cemp ,	430 peld Ing	desick Rd. Md.



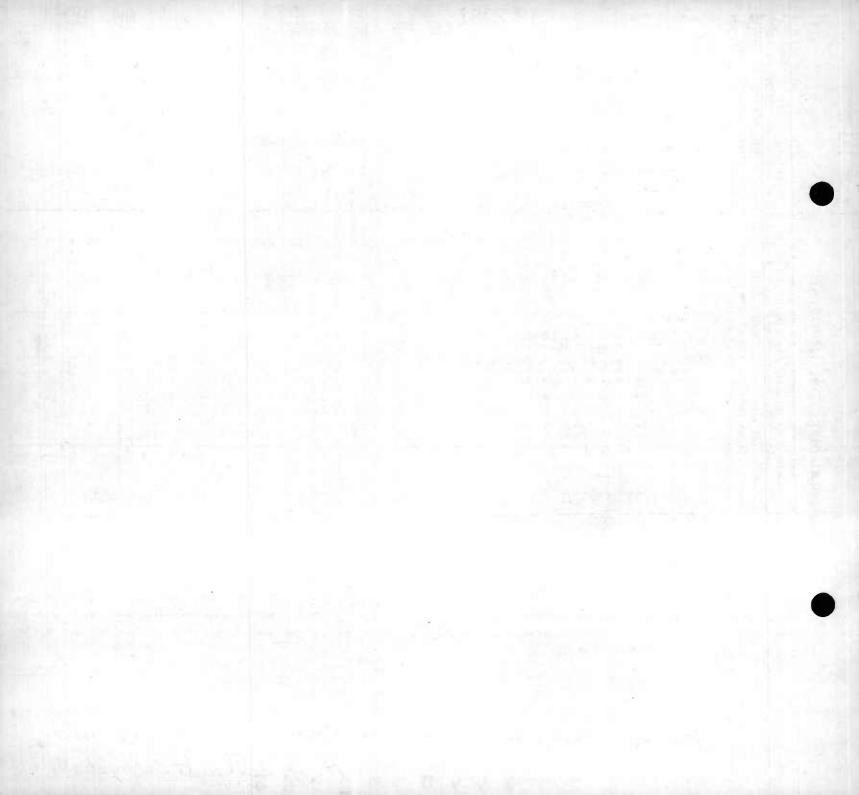
89 2950 BALTIMORE CITY HEALTH DEPARTMENT

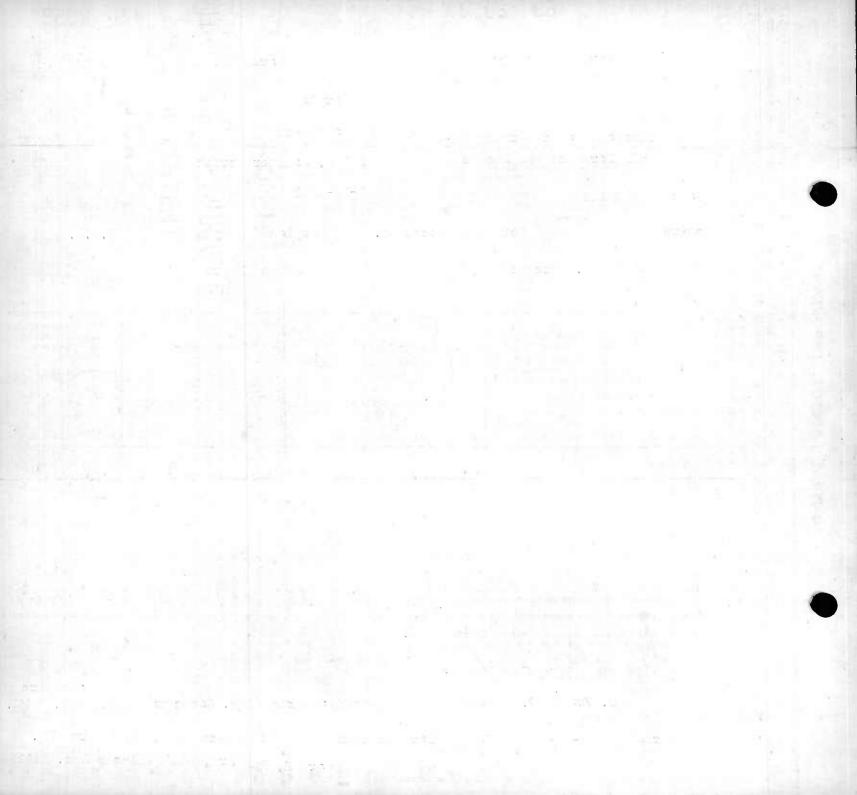
X 69 2950

RIE	RTH NO.		MED	ICAL	EX	AMINER'S	CERTIF	ICATE OF	DEATI	REG. N	١٥		
1.	NAME OF DEC		STEVE Deibl		EfB	EIBEL	2. DATE OF DEATH	Known 🛣	Month March	15 Day	1969	Hour 10:16	PM.
	PLACE IN BAL						3. DATE	OHAICED DEAD	Month	Day	Year	Haur	
HC	LL NAME OF SPITAL INSTITUTION					I, GIVE STREET		RESIDENCE (When	March e deceased liv	15 ed. If institu	1969	10:16	M.
33	33		s Hopk	ins H	osp:	ital	A. STATE	aryland		B. COUNT	IVLLADE	ORP	2212
6.	SEX	7. RACE		B. MARRIE	ED 🗌	NEVER MARRIED		OR TOWN		D. INSIDI	E CITY LIMITS?		
	Male	Whit	e	WIDOWE	ED 🗌	DIVORCED	H	avre de Gr	ace		YES 🔀	NO 🗌	
9. I	PR. 13 19	746	10. AGE (In last birthday 22		If Unde Months	r 1 Yr. If Under 24 Hrs. Days Hours Min. 	0	AND NUMBER	A AVI				
11.	BIRTHPLACE (S	tate or fareig		1:	2. CITI	ZEN OF	-	R'S NAME	1///		_		
	MD				WH	AT COUNTRY?	C	EDE DE 6	2101	DE	IBEL	To.	
144	USUAL OCCU	PATION (Give	e kind af wark	14B. KIND	OF BU	SINESS OR INDUSTR	Y 15. MOTH	HER'S MAIDEN NA	ME	NL	I PO I	, 0,7,	
dan	Sa Hoo		en ifretired)	Eau	ca	TioN	FI	ZABET	H.S+				
	WAS DECEASI	D EVER IN		FORCES?		. SOCIAL	18. INFO	RMANT	1101	7114/1	ADDRESS A	AVE.	
(10	s, no or unknown)	(If yes, give w	var ar dotes	at service)		SECURITY NO.	G. FR	ED. DEÍBE	LJR. L	YAVRE	DEGRA	CEM	D.
	19.	16.0				CAUSE OF DEA	TH					PPROXIMATE IN VEEN ONSET A	
		OR COND		CTLY		Multip	le Inj	uries					
		EADING TO				(A)IMMEDIATE	CAUSE	****					
	heart failure,	at mean the asthenia, etc. plication which	. It means the	disease,		DUE TO, OR	AS A CONS	EQUENCE OF:					
CERTIFICATION	RISE TO THE	OR CONDITION ABOVE CAST OF CONDITION OF COND	USE (A) STAT ON LAST. II IDITIONS CO	ONTRIBUTII		(c)	AS A CON	SEQUENCE OF:	***************************************				
뜬	DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A).									
CER	20A. DATE OF	OPERATION	1 20B. CON	NDITION F	OR WI	HICH OPERATION W	AS PERFO	RMED			21. AUTO	Yes o	ır Na)
MEDICAL	22A. EXTERI UNDERLYING UTING CA	USE OF DEA	TRIB-			ACE OF INJURY(e.g., orm, foctory, street, offic street	in or aboute bldgetc.	West bour	id on Ri	t. 7	exact facation)	-00	
2	22D. TIME (OF INJURY (APPROX.)	Month) (D	(Yeor 1969				T WHILE TO	operator			le which	lost	conti
		R'S	atural cau	3/1	Acc	nspection Au ident Suici M.E	D. AS	and that an Hamicide CHIEF MEDICAL SISTANT MEDICAL SOCIATE MEDICAL	Undetermin EXAMINER EXAMINER		er 🗌	date sigi 16,196	
RE	A. BURIAL CREA MOVAL (Specification of the Control	AATION, 2	4B. DATE 3-18-1 DEPT.	969	24C.	NAME of CEMETERY NELHIL FREGISTRAR	LCE	TORY 24D		OE G	PACE ADDRESS	PRO (Sta	1D,
Vs	151-REV. 1/1/6B	MAR 1	9 1969	12.2	5	E. FalleyM	X	Madiser	Mitel	elly	favude	Disce	Mid

WIR AN ERTH to be a delegation of the second of the

	CC	2051	BALTIMORE CITY	HEALTH DEPARTMENT		CO	2054
	RTH NO. 6904450 65	2951	CERTIFICA	TE OF DEATH	REG. NO	63	2951 _
BI 1.	NAME OF DECEASED	1			ND HOUR OF DEATH		
	ype or Print) Proble (TI)	(ust	79.	W	arch 17.	9691 =	E 2' NAP.
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNG	CED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If it	astitution: residen	ce before admission)
				A. STATE B. COUN	D 11.	Pr de	
FL	OSPITAL OR (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	C, CITY OR TOWN	Baltimore	IDE CITY LIMITS?	00
IN	ISTITUTION			211 = 4		YES X	NO 🗌
	1 Sinai Ho	SPITal		E. STREET AND NUMBER		123/4	МОЦ
	42			308 Aca	demy AVR.		
5.	SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE In years	If Under 1 Yr.	. If Under 24 Hrs.
	F W	WIDOWED	DIVORCED	3/12/69	lost birthdoy)	Months Doys	Hours Min.
10	A. USUAL OCCUPATION (Give kind of work			11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN C	F WHAT COUNTRY?
do	ne during most of working life, even if retired)	1 int		M. 10	1	1)	S,A.
12	FAIHER'S NAME	ING	TNN	14. MOTHER'S MAIDENINA	AAF.	011	7,11
13	2 11 7			01		11	
	Konala Dalart	797		Wancale	e Kenn	ell	
	. Was Deceased Ever in U. S. Armed For es, no ar unknown) IIf yes, give war ar date		SECURITY NO.	17. INFORMANT			RESS
(Y	NO		None	HOSP-	tal Reco	rds	
	18. 74/2		CAUSE OF DEATH	4	4,7+3-,2-1-1	APP	ROXIMATE INTERVAL
	DISEASE OR CONDITION DIE	RECTLY	Acut	is (mostive)	ourt Pril	C D	ONSET AND DEATH
	LEADING TO DEATH			A CONSEQUENCE OF:	icus 2 Milas		1462
	(This daes not meen the mode of heart failure, asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:			
	injury or complication which coused		1	1. 1.	11. 11.		
	ANTECEDENT CAUSES		(B) (yano	tic Congenital	Heart DISE	ase	5 days
	DISEASES OR CONDITIONS, if		DUE TO OR AS	A CONSEQUENCE OF:	left hearts		
2	rise to the obove couse (A) UNDERLYING CONDITION lost.	storing the	(c)	crob, hypoplastic	1661 MONE 1 3	Judiand	
	11	-					
CI	OTHER SIGNIFICANT CONDITIONS CO						
4	DISEASE OR CONDITION GIVEN IN PAR	T 1 (A).					
JEIC	19A. DATE OF OPERATION 19B. CON	DITION FOR WHI	ICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CON	ISIDERED H?
CERTIFIC	21A ACCIDENT WAS LINDS BLYING]]218 81	ACE OF INTURY (a = 1:	n or about 21 C WHERE DID	//£ 1= B= e'	so City of the	t location)
14	OR CONTRIBUTING CAUSE OF	home,	form, foctory, street, of	fice bldg., INJURY OCCUR?	ur in Baitimo	re City, give exo	и осоноп)
C		etc.)					
MEDI	OF INJURY		JURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?		
1	(APPROX)	White	At Not While		10	,	.0
	22. I certify that (1) (this haspital) ottended the		3/12	19 69 ta =	3/1)	19 67
	that (1) (we) last saw the decease	ed alive an	3/17	19 69 and th	nat in (my) (aur) ap	inlan death ac	curred an the date
	and haur and from the causes stat		We) (did (did not)				
	23A. SIGNATURE	7-	The state of the s	Loay and dedills		23B. DATE SIG	ONED
	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	1	Atte	nding Med.	S taff Phys	2/17	1/69
	23C. PHYSICIAN'S	-00/11R	OEGREE Phys	s. Director	rnys	19/11	10
	23C. PHYSICIAN'S NAME HYRE	ex. C.	J. M. D.	C. H.	104:00		
	1710n J.	1110N FC	OEGREE .	21101111	1271 Lal		
24	REMOVAL (Specify)	24C. NAM	1 10			ity, town, or cou	(Stote)
	10.11	1969 Mc	reland Me		BAITIN	1 .	ma.
25	A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	ROD AD	Α	DDRESS
1	WM. 2 1202	Approx 5	1 Acroson	14 . 7. Le	Shoudt a	Wings,	Wills, Wd
VS	150-REV. 1/1/68	9 6	9 0 11	1 9 90 6 3			

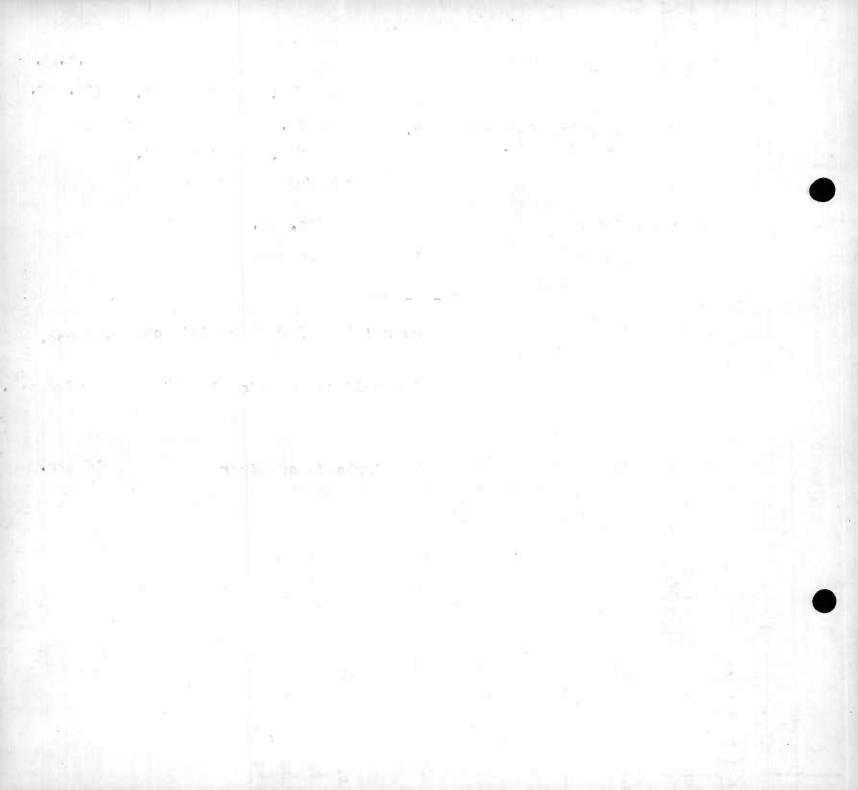


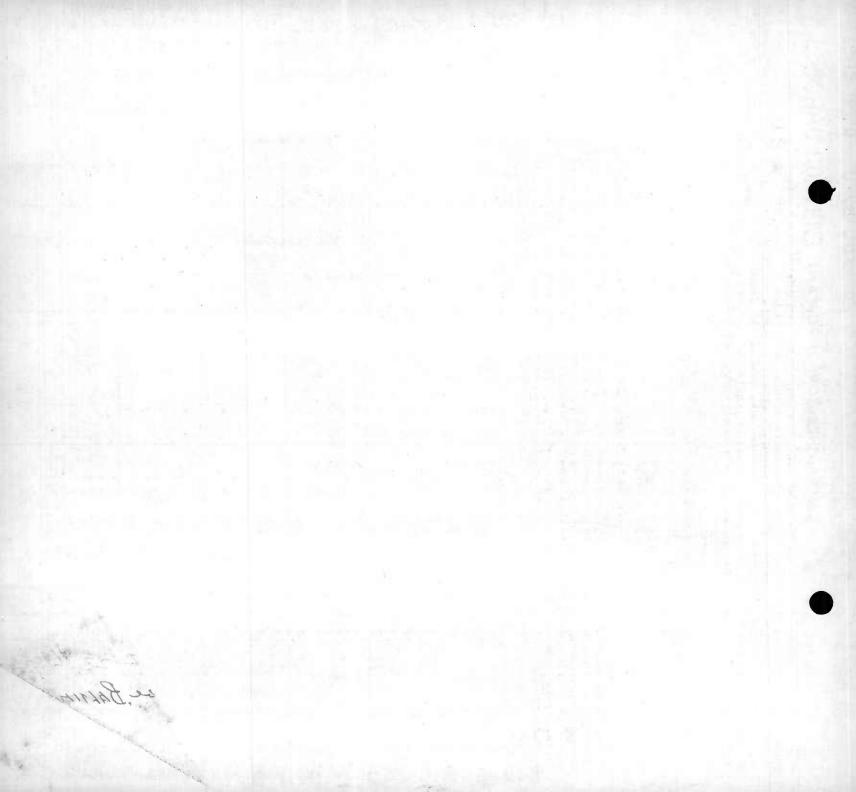


IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT







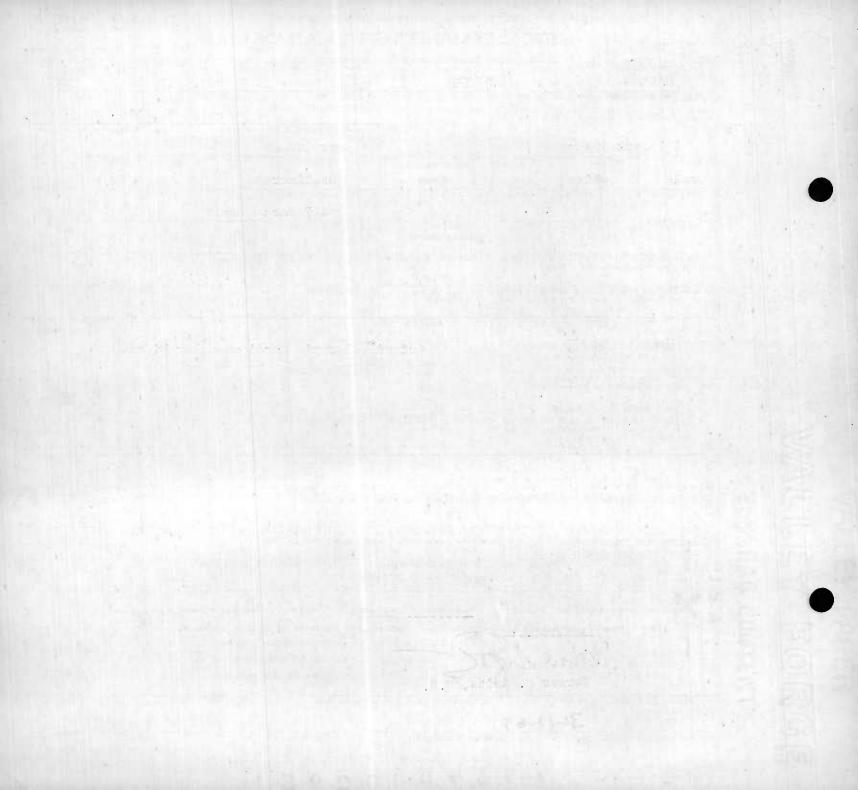


69 2957 BALTIMORE CITY HEALTH DEPARTMENT

69 2957

BIRTH NO.		MED	ICAL	. E)	(AMINER'S	CERTIFI	CATE OF	DEAT	TH REG. NO.		~007
1. NAME OF DE						2. DATE	Known 🔲	Month	Doy	Yeor	Hour
(Type or Print) EARI				JU	TIAN	OF DEATH	Estimoted X	Febru	ary 19,	1969	UNK M
4. PLACE IN BA	LTIMORE, MA	ARYLAND, V	VHERE PE	RONC	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	AL OR INS	TITUTIO	ON, GIVE STREET		UNCED DEAD			1969	1:40 PM
0.0	Park Ave	enue				A. STATE	esidence (Where	e dece osed	B. COUNTY	: residence	before odmission)
6. SEX	7. RACE		8. MADD	NED [NEVER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?	
male	wh:	ite	WIDOV	1000	_	В	altimore		YE	s 🗆 X	NO 🗆
9. DATE OF BIRT	гн	10. AGE (In	y)	If Ur Mont	der 1 Yr. If Under 24 Hrs. hs Doys Hours Min.		AND NUMBER				
11. BIRTHPLACE (State or foreign	5()	12 6	ITIZEN OF	13. FATHER	407 Park	Avenue	3		
II. BIRTHPLACE	Store of foreig	in connina)			VHAT COUNTRY?	IS. FATHER	2 INAME				
14A.USUAL OCCU			14B. KIND	OF E	BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME			
16. WAS DECEAS	SED EVED IN	II S APMET	FORCES	52	17. SOCIAL	18. INFOR	MANIT		Δ1	DDRESS	
(Yes, no or unknown					SECURITY NO.	I I I OK	MAIN			DKL33	
19.	2 11/				CAUSE OF DEA	ATH					PPROXIMATE INTERVAL
Toisea	SE OR COND	ITION DIPE	CTLV						1 71		WEEN ONSET AND DEAT
// // // // // // // // // // // // //	LEADING TO		CILI		Arter		otic Card	iovaso	cular Dis	ease	
	not meon the e, osthenio, etc					AS A CONSEG	UENCE OF:				
injury or co	mplication whi	ch coused de	oth.)								
A	NTECEDENT	CAUSES			/p)						
DISEASES	OR CONDITI	ONS, IF ANY	, GIVING		(B)	AS A CONSE	QUENCE OF:				
UNDERLYI	NG CONDIT	ION LAST.	TING THE		(c)					10.10	
8					(C)						
O THE DE	NIFICANT CO	RELATED TO	THE TERM	INAL							
20A. DATE O	R CONDITION				WHICH OPERATION W	AS PERFORA	AFD			21 AUTO	OPSY? (Yes or No)
E C					William Grekening to	, o rear oan				111111111111111111111111111111111111111	
₹ 22A. EXTER	RNAL CAUSE	WAS		22B. F	PLACE OF INJURY(e.g.	in or obout	22C. WHERE DID	(if in Boltim	ore City, give exc	oct locotion)	No
UNDERLYING	G OR CON	ITRIB-		home	PLACE OF INJURY (e.g., form, foctory, street, offi	ce bldg., etc.)	NJURY OCCUR?	`			
	(Month) (I	Doy) (Yeo	r) (Hou	r) 2	E.INJURY OCCURRED	1	22F. HOW DID IN	JURY OCC	CUR?	A.	
OF INJURY (APPROX.)				m. W	/HILE AT NO	T WHILE					
23.					, on , ,						
I cer	tify that I h	eld on I	nquiry L		Inspection X A	ıtopsy 📙	ond that on t	his basis	, deoth in my	opinion	
resu	Ited from: N	lotural cou	ses 🛴	A	ccident Suici	de 🗌 H	omicide 🔲	Undeterm	ined monner		
	1.1	Λ	1				CHIEF MEDICAL	EXAMINER			DATE SIGNED
SIGNAT	1/1/1	Rul	May	M	M.I	D. ASSI	ISTANT MEDICAL	EXAMINER	X		DATE STOTLED
EXAMIN NAME (NER'S	Werner	U. S	Pit	z, M.D.		OCIATE MEDICAL	EXAMINER		77 10 0	2/25/69
24A. BURIAL CRE	MATION,	24B. DATE	1.5		C. NAME of CEMETERY	or CREMATO		LOCATIO	N (City) fowr	n, for-county	1) = ~ 1(Stold)
REMOVAL (Spec		3-1				U	NIVERSI	TY A	MEDICA	SC	HOOL
25A. DATE REC'E	BY HEALTH	DEPT.	25B. N	IAME	OF REGISTRAR	25C.	FUNERAL DIRECT	OR	A	DDRESS	1000
M	AR 201	969 (1	12	7 8	. starteur		MURSUA	h in his		-d 1-4 1	
VS 151-REV. 1/1/6	Ö		1 7	5	3 7 11 1	0	G E 1				

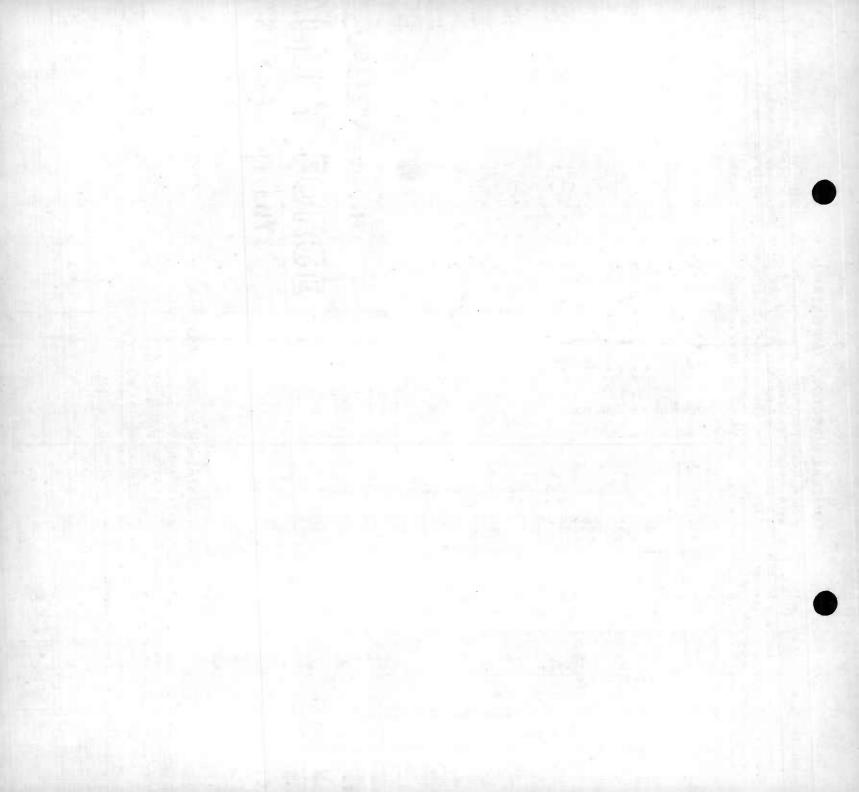
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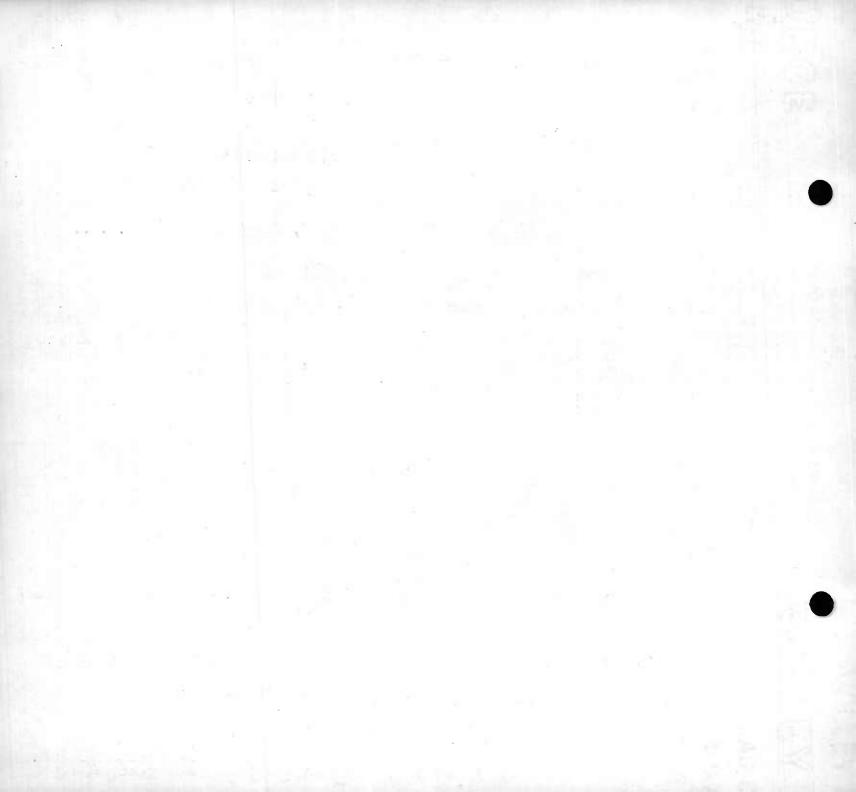
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DII	OM UT		MED	ICAL	EXA	AMINER'S	CE	RTIF	CATE	OF	DEAT	H REG. NO		~000
-	NAME OF DEC	EASED			Son	Roncon	12	DATE	Known	П	Month	Doy	Yeor	Hour
(Ту	pe or Print) S	AM BEN	SON	AKA	1	Benson Vincent	1	OF	Estimot		WO IIII	Doy	1601	
4.	PLACE IN BAL	TIMORE, MA	RYLAND, V	HERE P			13.	DEATH	24111101		Month	Doy	Yeor	Hour M.
HC	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR INS	TITUTION	, GIVE STREET	5		UNCED DE			ry 23, 1		11:20 A _{M.}
1	20	950 No	rth Ga	y Str	eet			STATE	Mary1		re deceosed II	B. COUNTY	residence	7-1)4
6.	SEX	7. RACE		B. MARI	RIED 🔲 I	NEVER MARRIED	C.	CITY O	RTOWN			D. INSIDE CIT	Y LIMITS?	
	Male	Neg	ro	WIDOV	WED 🔲	DIVORCED [Balti	more	е	YE	s X	NO 🗆
9.	DATE OF BIRTI	H	10. AGE (in lost birthdo	yeors 74		1 Yr. If Under 24 Hrs Doys , Hours , Min.		STREET	950 N		h Gay S			
11.	BIRTHPL ACE (S	tate or fareig	n country)		12. CITI	ZEN OF	13	FATHER	S'S NAME		it day b	LICEL		
						AT COUNTRY?								
144	USUAL OCCU	PATION (Giv	e kind of work	14B. KINI	OF BUS	INESS OR INDUSTR	Y 15	5. MOTH	ER'S MAIDE	NNA	ME			
	eduring most of w													
16	WAS DECEAS	ED EVER IN	US ARMET	FORCE	\$2 17	. SOCIAL	18	. INFOR	MANT			AD	DRESS	
	s, no or unknown)					SECURITY NO.	1.	. HUI OK	mai vi			75	DRESS	
-	19.	,		194		CAUSE OF DEA	TH						I A	PPROXIMATE INTERVAL
	Lufe 1	2,4											BETV	WEEN ONSET AND DEATH
		E OR COND		CTLY		Arterios	le	roti	c card	iova	ascular	disease		
		of meon the		ing og		(A)IMMEDIATE	CAU	ISE						
	heort foilure	, osthenio, etc	. It meons the	diseose,		DUE TO, OR	AS A	A CONSE	QUENCE OF:					
	injury or con	nplication whi	in cousea de c	om.)										
	1A	NTECEDENT	CAUSES			(B)								
1	DISEASES O	OR CONDITION	ONS, IF ANY	GIVING		DUE TO, OR	AS	A CONS	QUENCE O	F:				
,	UNDERLYIN	IG CONDITI		IIIVO IIIL		(c)								
Ó			II			(~/								
Ι¥	OTHER SIGN	IFICANT CON	IDITIONS CO											
윤	TO THE DEA	ATH BUT NOT CONDITION												
CERTIFICATION	20A. DATE OF	OPERATION	1 20B. COI	NOITION	FOR WH	ICH OPERATION W	/AS	PERFOR	MED				21. AUTO	OPSY? (Yes or No)
Ö	21													Waa.
1	22A. EXTER	NAL CAUSE	WAS		22B. PLA	CE OF INJURY(e.g.	, in	or obout	22C. WHER	E DID	(If in Boltimo	re City, give exo	t locotion)	Yes
吕	UNDERLYING				home, fo	rm, foctory, street, offi	ce bl	dg., etc.)	INJURY OC	CUR?				
MEDI	UTING CA		TH. Ooy) (Yeor	·) (Hou	r) 22F.	INJURY OCCURRED			22F. HOW	DID IN	NJURY OCC	JR?	_	
	OF INJURY (APPROX.)	, , , , ,	-,, (, ,	WHIL	EAT NO	T WH	HILE						
	23.				m. WOR	K L AT	WOR	К 📙						
		ify that I h	eld an I	nquiry [Ť Ir	spection A	uton	sy X	ond the	ot on	this bosis.	deoth in my	oninion	
		ted from: N							_	_		ned manner	_	
	resuit	red from: IV	1	363	7	delli 🗀 Golci	de I	<u> </u>			EXAMINER		_	
Ŀ	ACTUAL	116	/	11	1	1	_	400				$\overline{\mathbf{x}}$		DATE SIGNED
	SIGNATI	JRE	are	, ,	3	-gal M.					EXAMINER			
	EXAMIN NAME (1	ype)		s S.	-	ngate, M.D.		1	alt File	UNI	EXAMINER			1969
	A. BURIAL CRE/ MOVAL (Specif		4B. DATE	-65	24C: 1	NAME of CEMETERY	ar	CREMAT	ORY UNIVE	24D	LOCATION	(City, town	or county	CHOO!
25	A. DATE REC'D	RV HEALTH		_	JAME OF	REGISTRAR		250	FUNERAL	DIRECT	TOP	AT A S A S A S A S A S A S A S A S A S A	DRESS	MIOOL
23	A. DATE REC D	AR 20	1500	230. 1		Fallen Mill		230.	MODT	FIA	D77 0	CETTICE	1 17 17	0 (127)
-	7400		1909 (A Creat	13 4	A CHARLEST AND			MUKI	UA	ALAH S	EMEVILE	F 300 2) b. !
V5	151-REV. 1/1/6E	5		1	Sall for	9 13	1	1 1	1 3	2	4.4			

-1	69	SOFO BALTIMORE CITY	HEALTH DEPARTMENT	69 90	050					
DIE	TH NO. (10 -3337	2959 CERTIFICA	TE OF DEATH	REG. NO.	709					
1, N	LANE OF DECEASED		D DATE AND	D HOUR OF DEATH						
Ту	pe or Print) , STEVEN	ISON, BABY P.			50					
3.	PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	4. USUAL RESIDENCE (When		before odr					
FU	ILL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	MARYLAND	21231	0-6					
N.	STITUTION ADDRESS OR LOCATIO	/N) .	C. CITY OR TOWN	D. INSIDE CITY LIMITS?						
	CHURCH HOME A	HND HOSPITAL	DACT MORS	YES N	10 🗌					
	3		1 /	FIRMONT AUE.						
5. !	SEX 6. RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years If Under 1 Yr.	If Under					
	0111-	VIDOWED DIVORCED	Feb. 27, 1969	ost birthdoy) Months Doys 1	- l					
	N. USUAL OCCUPATION (Give kind of work 10 B	L KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fole)		VHAT CO					
don	e during most of working the, even it remed)	-	U.S. A	U.S	.A.					
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .						
	GOEDON	WATKINS	DARLENG O	TEVENSON						
15.	Wos Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of	? 16. SOCIAL	17. INFORMANT	ADDRES	S					
	753, 9176 401 01 00163 01	SECURIT NO.								
	18. 77/2	CAUSE OF DEAT	Н	APPROXI BETWEEN	IMATE IN					
	DISEASE OR CONDITION DIRECT	TLY	0.6-0.4		1					
	LEADING TO DEATH (A) IMMEDIATE CAUSE RESPIRATORY DISTRESS & SYNDROME, & Las									
(This does not meon the mode of dying, e.g., heort failure, asthenia, etc. It meons the disease,										
	injury or complication which caused dec									
	ANTECEDENT CAUSES	(B)M P/	ATURITY .							
	DISEASES OR CONDITIONS, if only, rise to the obove cause (A) sto	. 3	A CONSEQUENCE OF:							
	UNDERLYING CONDITION lost.	(c)								
7	Section 1									
TION	OTHER SIGNIFICANT CONDITIONS CONTR	FERMINAL	, mar-		-					
ICA	19A. DATE OF OPERATION 19B. CONDITI	ION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FINDINGS CONSID IN CERTIFYING CAUSES OF DEATH?	ERED					
RTIFIC	WAS PERFOR	MED		IN CERTIFYING CAUSES OF DEATH?						
Ö	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, o	in or about 21 C. WHERE DID	(If in Boltimore City, give exact los	cation)					
CAL	DEATH (notify medical exominer)	etc.)								
EDI	21 D. TfME (Month) (Day) (Year) (H		21F. HOW DID INJ	JRY OCCUR?						
S	(A PPROX.)	While At Not Whi	le 🗆							
	22. I certify that (1) (this haspital) at	ttended the deceased from	7 Fr6 mary 1	969 to 1 marce						
		_			19					
	that (1) (we) last saw the deceased a	live on 1 Mar	19 69 and the	at in(my) (aur) apinlon death accur						
	that (1) (we) last saw the deceased a ond hour and from the couses stated	***************************************		ot in(my) (our) apinlon death accur						
		above. (1) (We) (did) (did not)	view the body ofter death.	at in(my) (aur) apinlon death accur	red on					
	and hour and from the couses stated	above. (1) (We) (did) (did not)	view the bady after death.	23B. DATE SIGNED	red on t					
	ond hour and from the couses stated 23A. SIGNATURE AM Reclui	above. (1) (We) (did) (did not)	view the bady after death.		red an					
	and hour and from the couses stated	above. (1) (We) (did) (did not)	ending Med. Director	23B. DATE SIGNED	red an					
244	ond hour and from the couses stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) F. J. HELDR A. BURIAL CREMATION. [24B. DATE	above. (1) (We) (did) (did not)	ending Med. 23D. ADDRESS ANA TO MARKET	23B. DATE SIGNED	red on t					
244	ond hour and from the couses stated 23A. SIGNATURE A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE	above. (I) (We) (did) (did not) LICIA DEGREE 24C. NAME of CEMETERY OF CR	ending Med. 23D. ADDRESS ANA TO MARKET	Staff 23B. DATE SIGNED Phys. 2 man	red on 1					
	23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 3-13-6	above. (I) (We) (did) (did not) Ath Phy ACC 13 24C. NAME of CEMETERY or CR	ending Med. Director 23D. ADDRESS ANA TO EMATORY JOHNS HOI	Shoff Phys. 238, DATE SIGNER 2 Process BOARDSF MARY L DCATION (City, town, or county) PKINS MEDICAL SI	AND					
	23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 3-13-6	above. (I) (We) (did) (did not) LICIA DEGREE 24C. NAME of CEMETERY OF CR	ending Med. 23D. ADDRESS ANA TO MARKET	Staff 23B. DATE SIGNED Phys. 2 man	AND					
5.4	23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 3-13-6	above. (I) (We) (did) (did not) Ath Phy ACC 13 24C. NAME of CEMETERY or CR	ending Med. Director 23D. ADDRESS ANA TO EMATORY JOHNS HOI	Shoff Phys. 238, DATE SIGNER 2 Process BOARDSF MARY L DCATION (City, town, or county) PKINS MEDICAL SI	ANI					

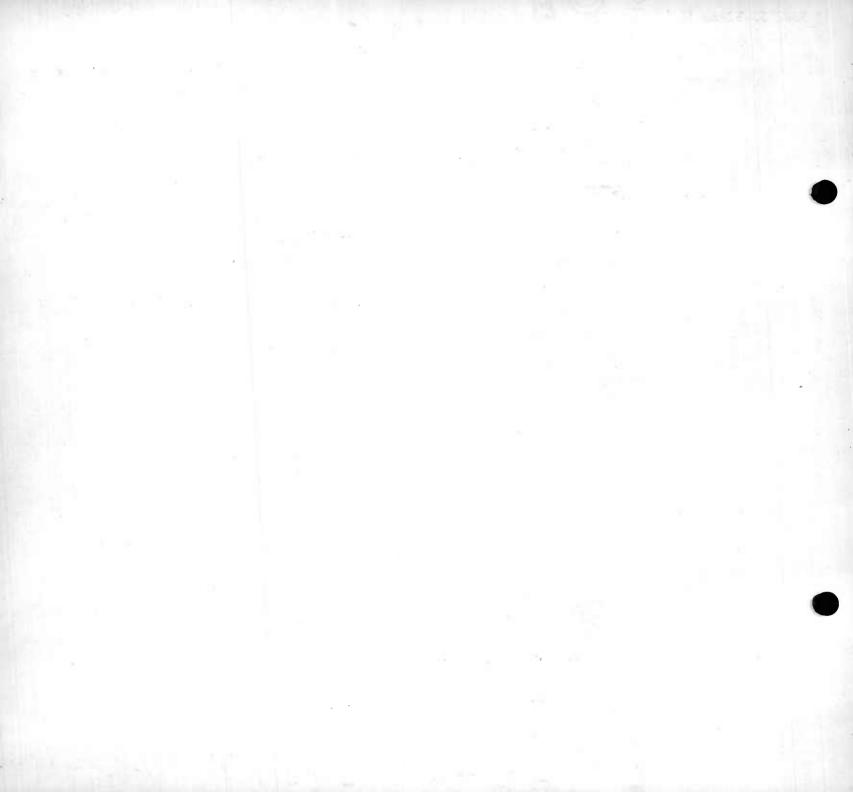








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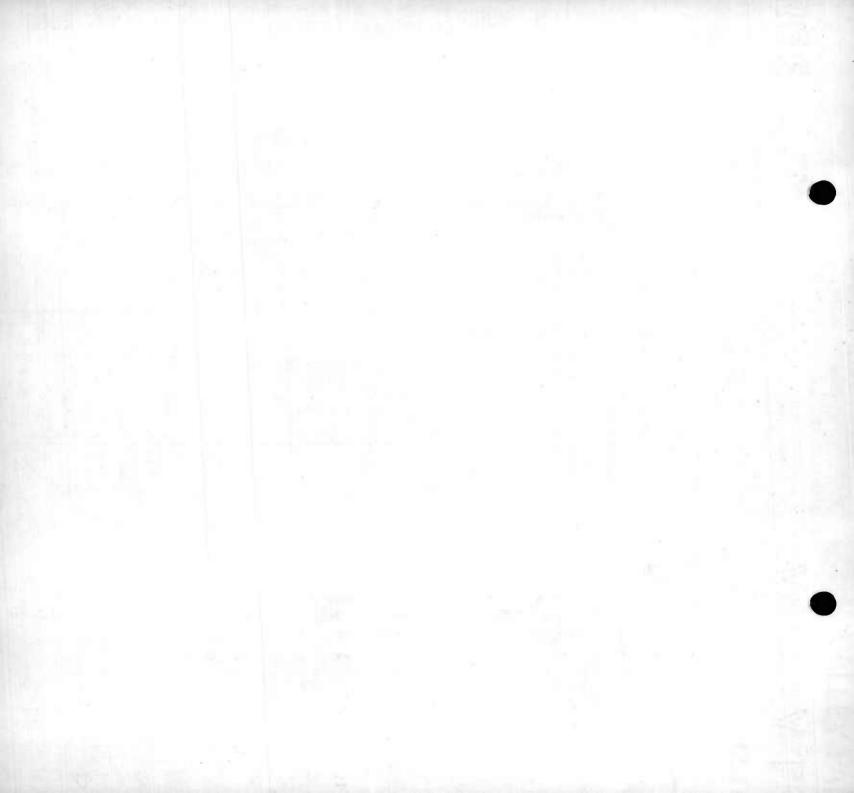


- 360	69 2965 BALTIMORE	THEATH DEPARTMENT
5000	BIRTH NO. CERTIFIC	CATE OF DEATH REG. NO. 00 200
O O O	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
- a c d	FADER, Russell	3/19/69 7:30 A.
de Do	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission A. STATE R. COUNTY
5. 5. 5. de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, CIVE STREET	Maryland
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
- 30		Baltimore YES NO
- E C E C E	The Johns Hopkins Hospital	E. STREET AND NUMBER
er de		704 N. Duncan Street 21203
	5. SEX 6. RACE WHITE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. 2/18/19 Idea birthday) 50 Months Doys Hours Min.
rm rm eeg	WIDOWED	1 2/10/13
400	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	MAINTAINANCE	MARYLAND USA
Si C C	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
# 6 4 x + q	Robert Fader	Florence Vogel
들는 그 나는 등 등	15. Was Deceased Ever in U. S. Armed Forces? 11.6. SOCIAL	
sto e in e e		17. INFORMANT ADDRESS
file A A B Si	YES W.W. II 217 07 9840	Mr. Haugust F. Fader - 704 W. Duncan &
i if	0,011,9	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
So, Property of Control of Contro		1 0
A e o a E	(A)IMMEDIATE	CAUSE pulmonay fromorriage 30
Parte Par	near failure, asthenio, etc. Il means the disease,	AS A CONSEQUENCE OF:
E 6 2 E		
# F - E 0 0	(B)	ilmondy telesculoses 8-10m
0 X @ _ E 0	rise to the above cause (A) stating the	AS A CONSEQUENCE OF
ns in	UNDERLYING CONDITION last, (c)	***************************************
dica ica ica rns sici	z II	
bed hy	E TO THE DEATH BUT NOT RELATED TO THE TERMINAL	obstuer two line dispose 5-10
Fri Z	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A-AUTOPSY? (Yes or No) 208. IF YES. WERE FINDINGS CONSIDERED
the the		YES 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO
5 p 6 2 p 6	On contrate the contrate to	Bu in or about 21 C. WHERE DID (if in Raitimore City give excet leasting)
	DEATH (notify medical examined) hame, larm, lactory, street,	office bldg. INJURY OCCUR?
0 0 1 3 0	O 21 D. TIME (Month) (Day) (Year) (Hour 1215 IN 1118Y OCCURRED	21F. HOW DID INJURY OCCUR?
in Captage	(APPROX) While At Not W	/hile —
Ve Spea		
B+ #0 0	22. I certify that (1) [this hospital) attended the deceased fram	3/19 19 69 to 3/19 19 69
교육유료증립		19and that in (my) (aux) apinion death accurred an the date
CO THE ALL DE A	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
de d		23B, DATE SIGNED
토우그 등 등	III COM NOW IN THE DECEMENT	Aftending Med. Staff Phys. 3/19/69
# # # # 00	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
A A P	Carole Dorsch, MD.	The Johns Hopkins Hospital
E POST	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF C	
00 de la 20	BURIAG 3-21-69 BALTIMODE NATIO	
S S S S S S S S S S S S S S S S S S S		25G FUNERAL DIRECTOR
* \$ \$ \$ \$ \$	16CHOG - Madeuna	1 Hatte Ville 233/ Cofferen II
	VS 150-REV. 1/1/68	the state of the state of
	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital an the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease as D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the eceased prior to death); and (6) No physician was in regular attendance on the cased prior to death. Suc	BIRTH NO. IT NAME OF DECEASED IT NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION OF BUSINESS OR INDUSTICATION OF BUSINESS OR INDUST

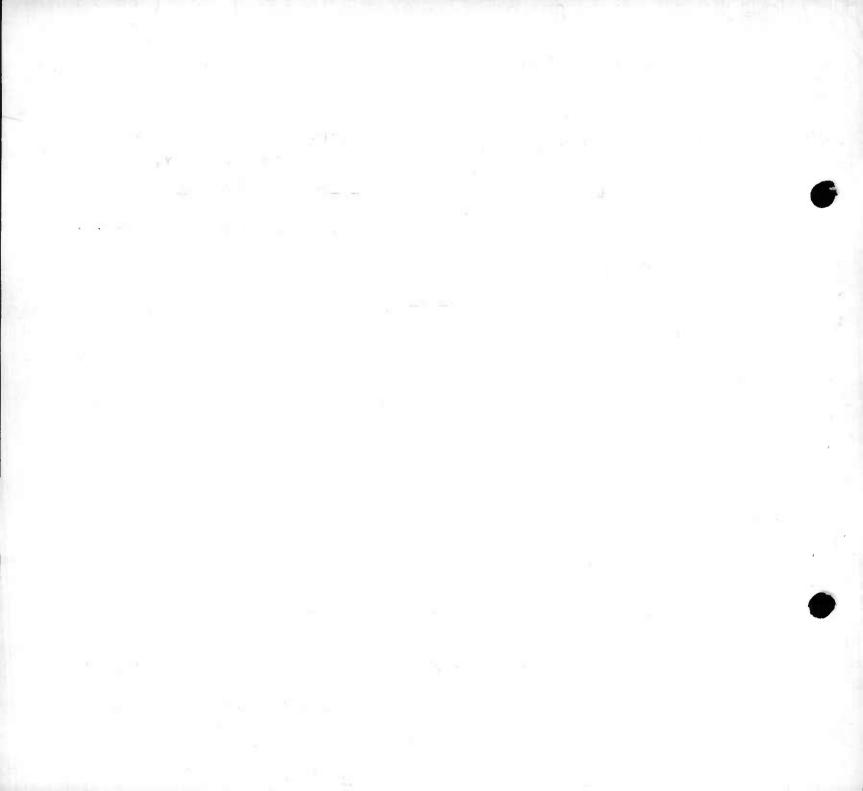
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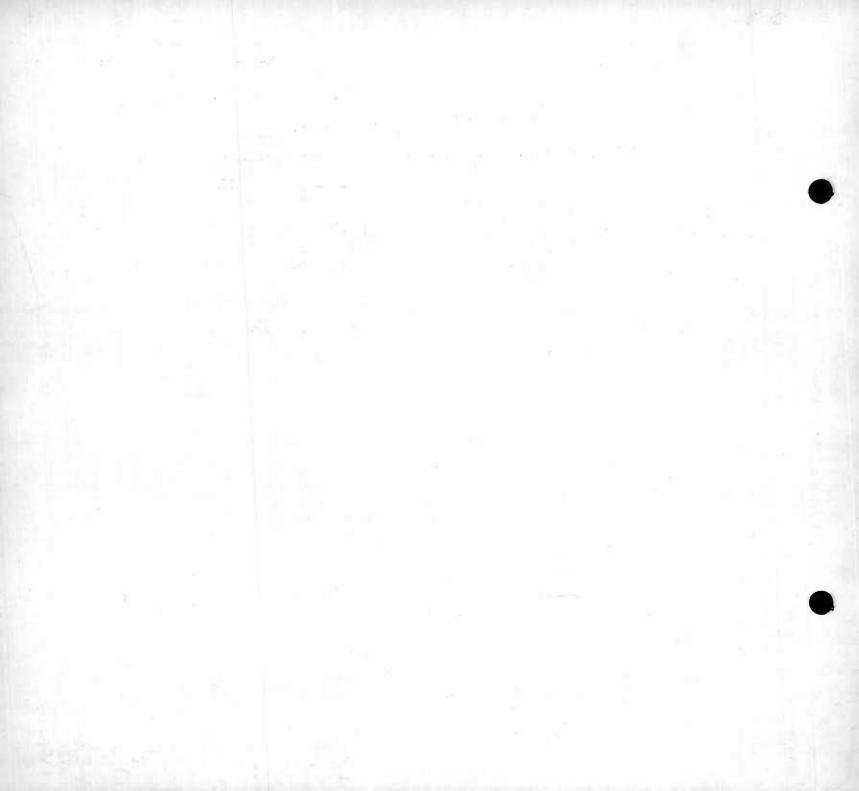
CO GOCC BALTIMORE CIT	Y HEALTH DEPARTMENT	00000
69 2966 CERTIFICA	ATE OF DEATH REG. NO	69 2966
NAME OF DECEASED BATES, JAMES A	2. DATE AND HOUR OF DEATH	969 10 : 30 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD CHIVERS 'TY OT MO. HOSPITAL FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD CHIVERS 'TY OTHER OF THE PRONOUNCED DEAD CHIVERS 'TY OTHER OF THE PRONOUNCED DEAD CHIVERS 'TY OTHER OF THE PRONOUNCED DEAD CHIVERS 'TY OTHER OTHER OF THE PRONOUNCED DEAD CHIVERS 'TY OTHER OTHE	A. STATE B. COUNTY A. STATE B. COUNTY	SIDE CITY LIMITS?
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Ho Months: Days Hours Min.
WIDOWED ☐ DIVORCED ☐	NOV. 3, 1911 2 C	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR Jone during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTE
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Ernest Bath	Lula Calles 17. INFORMANT 935 Thorone Higgin To	
5. Was Deceased Ever in U. S. Armed Forces? (es,na ar unknown) (If yes, give war ar dates of service)	17. INFORMANT 925	ADDRESS
	Florence Higgin To	tanana St
18. / 2 / A CAUSE OF DEA	TH OO	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1 9/2/
LEADING TO DEATH		18 mag 5/116
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:	
injury or complication which caused death.)	1	, = 1
ANTECEDENT CAUSES	1 pertension	3/9/69
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	SA CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last.		
/ 4/***********************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL FORESEASE OR CONDITION GIVEN IN PART 1 (a).		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	in or about 21C. WHERE DID (If in 8altimooffice bldg., INJURY OCCUR?	ore City, give exact localian)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Not Wh	ile 🖳	
Work At Work		1000
10.00.1	MARCH 8 1969 10 MI	
that (1) (we) last saw the deceased alive an MARCH 8	19 67 and that in(my) (aur) ap	inian death accurred an the
and haur and fram the causes stated above. (1) (We) (did) (did not)	view the bady after death.	
23A. SIGNATURE		23B. DATE SIGNED
	Med. Staff Phys. Phys.	3/9/69
23C PHYSICIAN'S	23D. ADDRESS	Carlenn
NAME (Type)	Lill Compate	Rd Cocicagi
DEGRE	REMATORY 124D. LOCATION (C	va. ma.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (C	City, town, ar county) (State
Aguaral 8/12/67 /11/ Carry	in of Balt CE	4
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. UNERAL DIRECTOR 108 W	ADDRESS
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\$ 150-REV, 1/1/6B	9 2 7 0 0	9



	20 2.3112	TY HEALTH DEPARTMENT	
	H NO. CERTIFIC	ATE OF DEATH	REG. NO. 69 2967
	AME OF DECEASED OF OF PRINTS EDWARD WRIGHT	2. DATE AND HO	JR OF DEATH
3. PI	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14 USUAL RESIDENCE (Where does	3/18/69 5 40 P M ased lived. If institution: residence before admission
	the state of the s	A. STATE & COUNTY	ases fived. It institution: residence before admission)
HOS	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
		li .	YES Y NO
12	THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER	
5. SE	EV AA KOACS AA IZ		ROADWAY, 21213
	MAKKIED THEVER MAKKIED	8. DATE OF BIRTH 9. AGI lost bir	(In years If Under 1 Yt. If Under 24 Hrs. Months Days Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY
done	during most of working life, even if retired)	11.11	U.S.A.
13. F	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	
,	T/Mknewn/	7	
15. W	/os Deceosed Ever in U. S. Armed Forces? [16. SOCIAL	17. INFORMANT	ADDRESS
(Yes,	no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 218-10-16	5 1 04.	11. + 1991 In Sh
1	8. CAUSE OF DE	1/1000 1/100	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	6	BETWEEN ONSET AND DEATH
1.	LEADING TO DEATH	AUSE Mesocardial	Infrarety 2 does
	near failule, asinellia, etc. il litealis me diseose,	S A CONSEQUENCE OF:	
'	injury or camplication which caused death.) ANTECEDENT CAUSES	16.000	20
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR	HASCULO S A CONSEQUENCE OF:	Lys
l in	rise to the obove couse (A) stating the		-
	II		***************************************
No	THER SIGNIFICANT CONDITIONS CONTRIBUTING		
A	O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************
CERTIFICATION	94-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
5 2	A ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, farm, factory, street	in or about 21 C. WHERE DID	(If In Bollimore City, give exact location)
정	DEATH (notify medical exeminent) home, farm, factory, street,	office bldg., INJURY OCCUR?	
Ď 2	TD. TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY O	CCUR7
2	APPROX.) White At Work Not W	ile 🔲	
2	2. I certify that (I) (this hospital) attended the deceased from	3 / 15 19 6	210_3/18/69_19
	hat (1) (we) last sow the deceased alive on 3/18		ny) (our) opinion dooth accurred on the dote
a	and hour and from the couses stated abave. (1) (We) (did) (did-not)		
23	3A. SIGNATURE		23B, DATE SIGNED
	Francis (or loglif M DEGREE P	vs. Med. Staff	9/12/69
23	3C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
244	Richard W. Light M. Deca		INS HOSPITAL
29Ph	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	1 1/1 0	N (City, town, or county) (State)
25▲.	DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR	em Tark (us	ulus Mel
Lura	MAR 2 0 1969 P. C. S. S. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Frence 11290 Carline S.
S 15	50-REV. 1/1/68	Jacky by yeller	terde 11290 Carlois



BALTIMORE CITY HEALTH DEPARTMENT



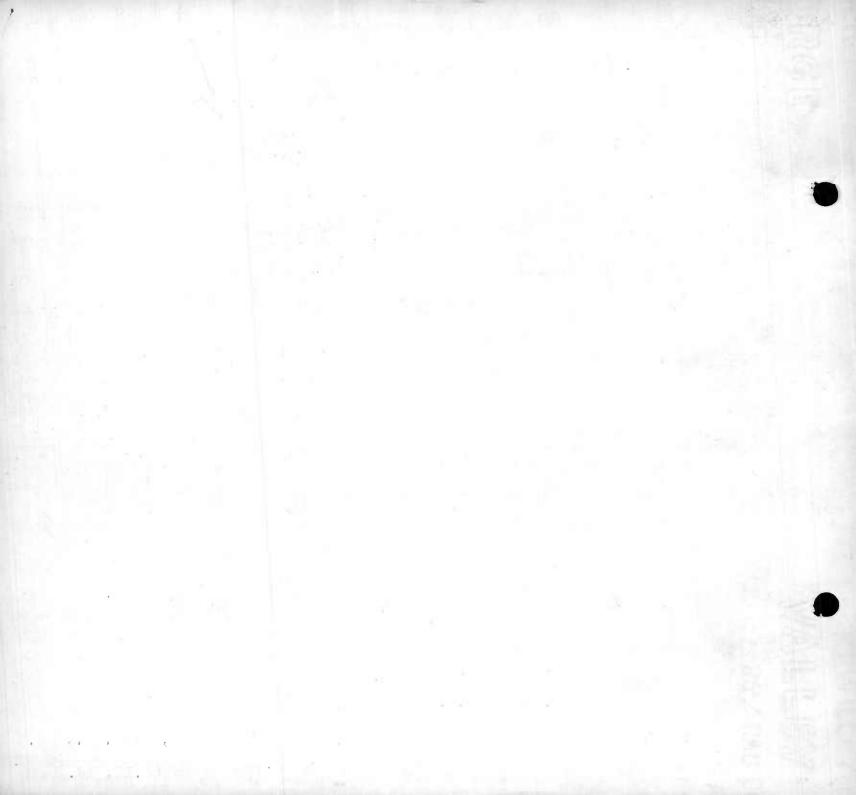
SANCE SELECTION OF ST THE BUREAU LIFE Dell'image PARTICIPAL MODERNIA SAME AS 3 20 Shauest 40 74 450 ないもよくをもうん Authors Class Status ALBEY (SURGERIC DOVIGORY) William P. Additionance 213-03-3131 College Advention one mainten soul for COSTO JOHNSO tenting of Totale cartes and problem Applific Statemens 37 water 71 17 water of - manufacturin drig 2.3 --

J. Dixon Hells M.D. Sales St. Park St. Belliment

VS 150-REV. 1/1/6B



4. USUAL RESIDENCE (Where deceased lived, If institution; residence D. INSIDE CITY LIMITS' YES 7 NO If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? 5 ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that in my (aur) opinion death accurred on the dote 23B. DATE SIGNED (City, town, or county) Pikesville, Balto.Co., Md. York Rd VS 150-REV. 1/1/68



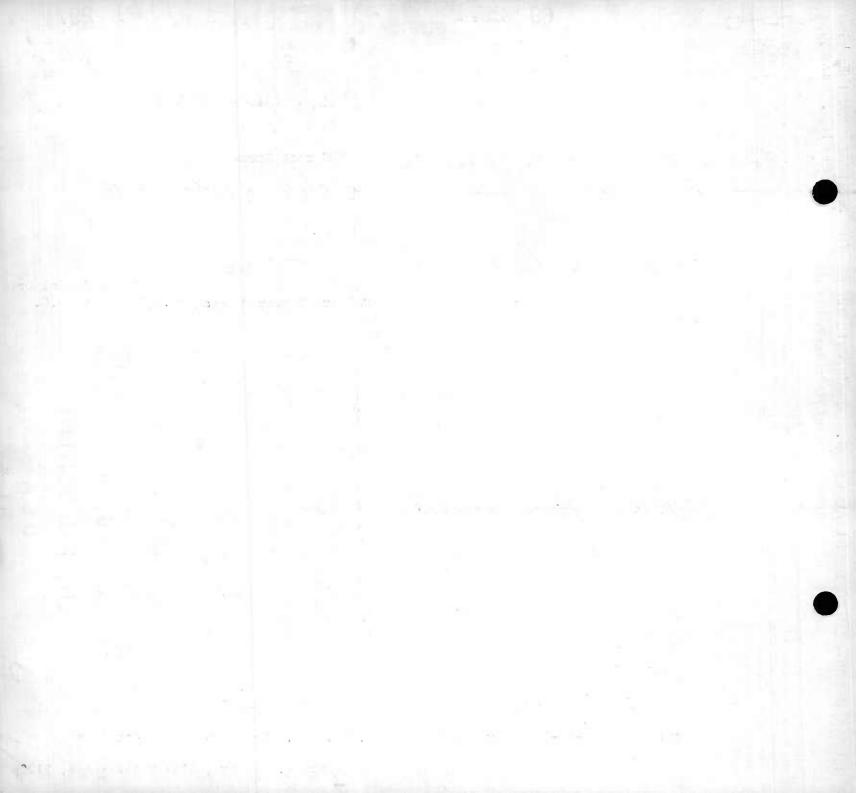
March 18, 1969 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) D. INSIDE CITY LIMITS? YES -NO If Under 1 Yr. Months: Days Hours 12. CITIZEN OF WHAT COUNTRY? Bennett Northern Parkway Eleanor H. Graves Balto. Md. 21212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 m 1 N 20 B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) to Maryond that in (my) (our) opinion death occurred on the date 238, DATE SIGNED (City, town, or county) eceased Jarrettsville, Harford, Md. Was Charles E. OKurtz Jarrettsville, Md. VS 150-REV. 1/1/6B

13-2-11-8 grafflanowstynowsty Handrey Frankrack FIII 12/12/03 65 SN mortenment & AN Ella Goldie Bennett Frederick H. Graves A CANADA COMPANY OF THE SERVICE OF T Pd Francisco Pd Francisco TITOS PROPERTOS DE LA TRATA M. In this collection of the c . The children of parties of the children was a second of the children was

VS 150-REV. 1/1/68

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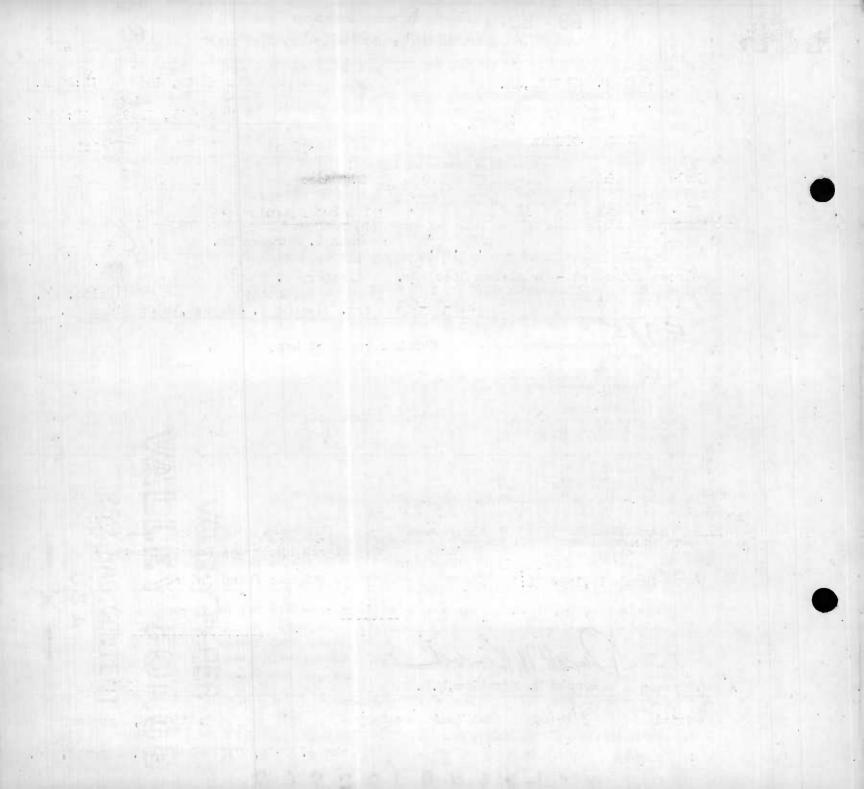
C	511/2	69 2974 BALTIMORE CITY HEALTH DEPARTMENT 69 2974
	7-7-0	M.E. CASE NO. Columbia 3. C. Typp
SS	and sed the the	I, NAME OF DECEASED, Lynn 2. DATE AND HOUR OF DEATH
N N N N N N N N N N N N N N N N N N N	de de	(Type or Print) MELANIE CONNECCY 3/18/69 42PM.
-	pita of Dec Dec ath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. CONNTY
XAM.	se se and dec	FULL NAME OF (If not in hospital or institution, give street S.C. Calumbia)
X	a h iaus raus nda to c	HOSPITAL OR oddress or locotion C. CITY OR TOWN (If outside city limits, write RURAL and give township)
M O	0 8 0	Collinoca.
-J LL	in a car	B / SIZE / LEO LEO TIME TO STREET ADDRESS (If rurol, give location)
00	de de de	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 11 Under 1 Yr. If Under 24 Hrs.
	ntrib rmin egule ased	WIDOWED, DIVORCED (specify) 2/2/69 County Months 90% Hours Min.
Σ	To te	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIJTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
LU	de inde	- Columbia, C.C. USA.
F	if dearect or (4) Unc was the d	13. FATHER'S NAME
la. H		KRUARI) C. CONNECCY Marie Moody
OZ	d d d	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
STA STA	the chind the deat deat nice of final chind	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Talbert Shiver Funeral Home, Columbia, S.C.
SC		18. 7 4 9 1 CAUSE OF DEATH INTERVAL BETWEEN
	is a o, if any nced	DISEASE OR CONDITION DIRECTLY
3 8	Also e of soun atte	LEADING TO DEATH (A) KNOKIC (ARDIJE HILLEST
RD ::	ono alm	(This does not mean the mode of dying, e.g., DUE TO heart foilure, asthenia, etc. It means the disease,
AR	a p d c	injury or complication which caused death,)
DWA	fra fra egu	ANTECEDENT CAUSES (B) DUE TO (B) CONTROL CO
E C	X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)
. ~	10 0 0 nu	UNDERLYING CONDITION asi.
0	ical lical rrns; sicia was	
> 4	W D 3 2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
80 PK	me me y bu phy phy ian	DISEASE OR CONDITION CAUSING IT. Use of Operation 198. GONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
JZ	Sod Sod	198. GONDITION FOR WHICH OPERATION WAS PERFORMED
4 5	by by (b) sh)	121A. ACCIDENT WAS UNDERLYING 721B; PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
0.	tal be; (2) here	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
(1)	Q: 2 3 T	D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
HO	nos atu pt (6)	OF INJURY (APPROX.) While At Not While At Work At Work
0	y n y n xce	Work AT WORK 8/17 /9 3/18 M
F	0 = = 0 0	
9	of a	
Σ	sased to dent of lospital death) must b	and hour and from the causes stated above. (N (We) (did) (did not) view the body after death.
NON-ME	3 6 5 6 6	M.D. Attending to Med. Stoll Stoll Stoll S
9	a h	Phys. Director Phys. 3/6 7
	as at at rion	NAME (Type) MAZETPOT M.D. TILLING LANGUE ARROTAL
Ш	A A B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town) or county) (Stote)
AS	certificat sody was rs: (1) An D.O.A. at ased pric	REMOVAL (Specily)
Ш	" = 2 " o ±	Burial 3-20-1969 Crescent Hill Mem. Pk. Cem. Columbia, South Carolina
REL	This the shov was dece	1400 100 100 100 100 100 100 100 100 100
CC C	4 N > U >	Howard H. Hubbard, 4107 Wilkens Ave. 21229



B-655

69 2975 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

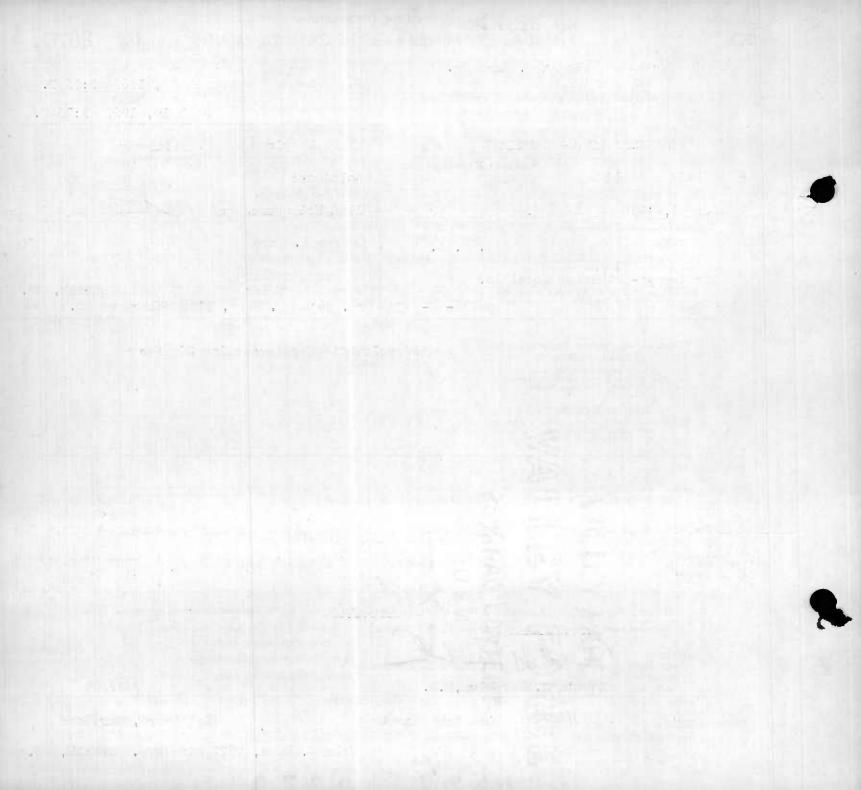
			MED	ICAI	. E>	(AMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	69	2975
	TH NO.	EACED					II2. DATE	у П	14	D.	V	lu-
1. NAME OF DECEASED (Type or Print) JOHN T. BURGESS, JR.						OF DEATH	Known [Month March	17, 19	969	12:40 A.M.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE		Month	Doy	Yeor	Hour		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)							RESIDENCE (When		ch 17,		12:40 Am.	
CITY HOSPITAL						A STATE	Maryland		B. COUNTY		altimore	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED						C. CITY OF			D. INSIDE CI	TY LIMITS?	53	
	Male	Whi	te	WIDO	WED [DIVORCED .	Dune	lalk		Y	ES 🗌	NO 🖾
	ATE OF BIRT		10. AGE (II	yeors	If Un Mont	der 1 Yr. If Under 24 Hrs. hs Doys Hours Min.	E. STREET	AND NUMBER				
2	ept. 12,	1914		54				wood Road				
11.	BIRTHPLACE (S		ign country)		V	HAT COUNTRY?	13. FATHER	T. Burge	ss Sr.			
14A	USUAL OCCU	PATION (Gi	ve kind of work	14B. KIN	D OF E	S. A. BUSINESS OR INDUSTR						
To	olroom	Attend	ven if retired) ant - I	Bethl	ehei	m Steel Co.	Elea	nor F. D	orwin			
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	S?	17. SOCIAL	18. INFOR	MANT (Moth	er)	A	DDRESS B	Balto. Md.
(16	No	(ii yes, give	wor or doles	OI SETVICE	~)	217-07-4547	Mrs.	Eleanor F	. Burge			ge Rd.
	19.	2.10	×			CAUSE OF DEA					A	APPROXIMATE INTERVAL
	DISEAS	E OP CONI	DITION DIRE	CTLV		Gunshot	- wound	of head				
		LEADING T				(A)IMMEDIATE		or nead				
	(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease,							QUENCE OF:	**************************************			
	injury or complication which coused death.)											
	Δι	NTECEDEN	CALISES			(0)		-				
	DISEASES	OR CONDIT	IONS, IF ANY	, GIVING	3	(8) DUE TO, OR	AS A CONSI	QUENCE OF:				******
	UNDERLYIN	G CONDI	AUSE (A) STA TION LAST.	TING THI	E	(6)						
Ö						(C)						
CERTIFICATION	TO THE DE	ATH BUT NO	PODITIONS CONTROL TO THE PROPERTY OF THE PROPE	THE TERM	AINAL							
7			_			WHICH OPERATION W	AS PERFOR	MED			21. AUTO	OPSY? (Yes or No)
Ö	2,											yes
3		NAL CAUSE			228. F	LACE OF INJURY (in or obout	22C. WHERE DID	(If in Boltimo	re City, give ex		*
EDIC	UNDERLYING CA				nome	form, foctory, street, office Auto	e blag., etc.)	ynch hurs	t and N	forris R	toad	55-00
Σ	22D. TIME		Doy) (Yeo	(Ho)	(r) 22	E.INJURY OCCURRED		22F. HOW DID IN				
	OF INJURY (APPROX.) Ma	arch 1	7,1969	12.1		ORK NOT	VORK X	Subject	found i	n car		
	23.	ify that I	held an I	nauiry		Inspection AL	tapsy 🗴	and that on	this basis.	death in my	opinion	
			Hayural cou					lomicide				
	16201	red from:	Mayorar coo	200	, /	coldeni 🗀 Solon		CHIEF MEDICAL		T T		
	ACTUAL	1	1 18	71	1/2	1.1	Δςς	ISTANT MEDICAL		<u> </u>		DATE SIGNED
	SIGNAT	11	100 M	4/	Co	M.C).	OCIATE MEDICAL				
	NAME (T	Ronald	N. K	ornh	lum, M.D.	A33	OCIATE MEDICAL	EVAMINER		3/1	7/69
	A. BURIAL CRE	MATION,	24B. DATE		24	C. NAME of CEMETERY	or CREMAT	ORY 24D	LOCATION	(City, tow	n, or county	y) (Stote)
KE	MOVAL (Speci Burial	ту)	3/19/6	9	0.	ak Lawn Ceme	tery		I	Baltimon		ryland
25.	A. DATE REC'D	BY HEALTH	DEPT.	25B. 1	VAME	OF REGISTRAR		FUNERAL DIREC			ADDRESS	
	- 1	MAR 2	0 1969	R.C	F	E. Fallowa	Joh	n J. Duda	7922	Wise Ar	70. Du	indalk, Md.
VS	151-REV. 1/1/6	8	V 9.5	711	3/ 1	9 11 17	0 0	0 6				L



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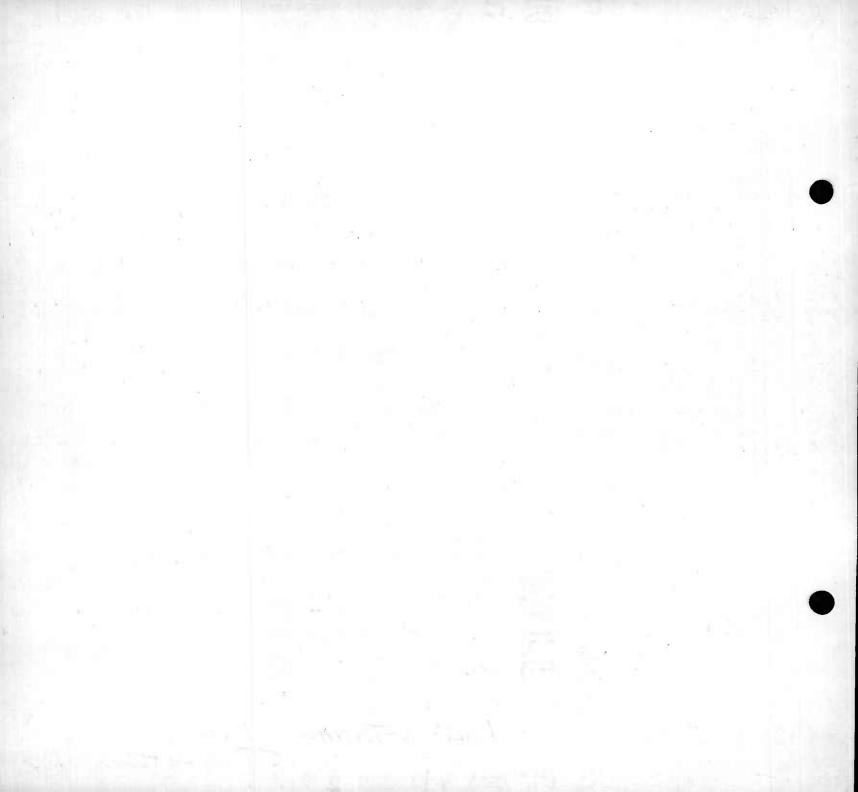
VS 151-REV. 1/1/6B

		69 29	76 BALTIMORE CITY HEALT SEXAMINER'S C	CERTIFICATE	OF DEAT	H 65	2976
BIR	TH NO.	///LD10/ (L			0. 02	REG. NO.	2010
	NAME OF DECEASED te or Print) THOMAS	Thomas W. W	ard Sr.	2. DATE Known OF DEATH Estimoted	☐ Month	rch 16, 196	9 5:25 P. M
4. 1	PLACE IN BALTIMORE, A		ONOUNCED DEAD	3. DATE	Month		eor Hour
HO		OT IN HOSPITAL OR INS RESS OR LOCATION)	TITUTION, GIVE STREET	PRONOUNCED DEA	Mi	arch 16, 19	17
3	pt .	E AND HOSPI	ral .	A. STATE Mary	land	B. COUNTY Baltimor	ence before odmission) B 5 3 A
6. 5	SEX 7. RACE	B. MARR	IED 🗷 NEVER MARRIED 🗌	C. CITY OR TOWN DUR	ada 1k	D. INSIDE CITY LIM	ITS?
	Male Whit	e widov	VED DIVORCED	Daltimore		YES 🗆	NO 🗵
	ne 1, 1910	lost birthdoy) 58	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	1768 Melbor			
	BIRTHPLACE (State or for	eign country)	12. CITIZEN OF	13. FATHER'S NAME			
	Maryland		WHAT COUNTRY?	George A. W			
14A	.USUAL OCCUPATION (Control of the during most of working life,	ive kind of work 14B. KINE	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN	NAME		
	oliceman-Beth		Co.	Dora Sch			
16. (Ye:	WAS DECEASED EVER II s, no or unknown) (If yes, given No	N U.S. ARMED FORCES wor or dotes of service	17. SOCIAL SECURITY NO. 216-01-7639	Mrs. Helen F	Wife) Ward. 1		sDundalk, Md rne Rd.
_	19.11/19.66		CAUSE OF DEA				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	DISEASE OR CON	IDITION DIRECTLY	Artoriose	lerotic Card:	i ovacoula:	r Disease	BETWEEN CHOSET AND DEAT
	LEADING		(A)IMMEDIATE C	AUSE	LOVASCUIA	Disease	
	heort foilure, osthenio, of Injury or complication w	ne mode of dying, e.g., etc. It meons the diseose, hich coused deoth.)	DUE TO, OR A	AS A CONSEQUENCE OF:			
	ANTECEDEN		(8)	AS A CONSEQUENCE OF			•
	RISE TO THE ABOVE O	ITIONS, IF ANY, GIVING CAUSE (A) STATING THE ITION LAST.		AS A CONSEQUENCE OF			
NO O			(c)				
CERTIFICATION	TO THE DEATH BUT N	II ONDITIONS CONTRIBU OT RELATED TO THE TERM IN GIVEN IN PART 1 (A)	INAL				
CERT.	20A. DATE OF OPERATION	ON 20B. CONDITION	FOR WHICH OPERATION WA	AS PERFORMED		21. /	yes yes
MEDICAL	22A. EXTERNAL CAUS UNDERLYING ☐ OR CO UTING ☐ CAUSE OF D	NTRIB-	22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22C. WHERE e bldg., etc.)	DID (If in Boltimo CUR?	re City, give exoct loco	tion)
Σ	22D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeor) (Hou	WHILE AT NOT	WHILE	ID INJURY OCC	UR?	9=11L1XL
	23.		m. WORK AT W	ORK			
	1 certify that I	held an Inquiry [Inspection Au	tapsyXX and that	t an this basis,	death in my apini	on
	resulted fram:	Natural causes X	Accident Sulcio	le Hamicide	Undetermi	ned manner	
	ACTUAL	2111	1/2/1-6		ICAL EXAMINER		DATE SIGNED
	SIGNATURE	mo V	M.D	ASSOCIATE MED			
	NAME (Type) R	onald N. Kon					17/69
	A. BURIAL CREMATION, MOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY		24D. LOCATION		
	Burial	3/20/69	Oak Lawn Cemet			Baltimore,	
25.	A. DATE REC'D BY HEALT	H DEPT. 25B. N	IAME OF REGISTRAR	25C. FUNERAL D		Wise Ave.	ss Dundalk, Md.
	MAK 201	308 A A. F.	2 Stallen MA	DOILL O D	1766	HITOO WAGO	Dunain, Ille

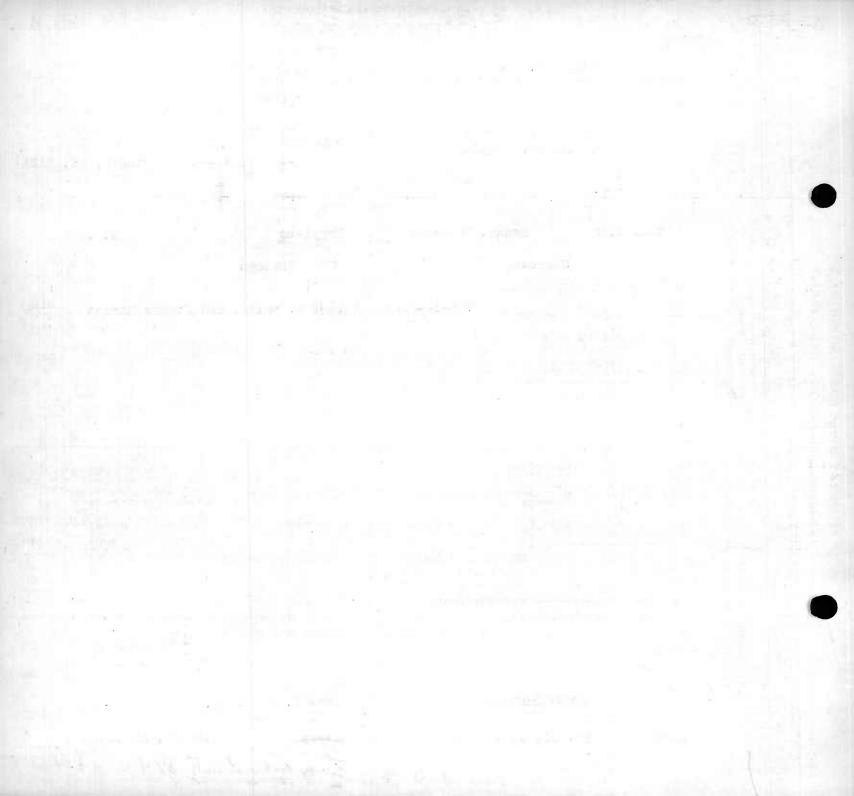


VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B

NO

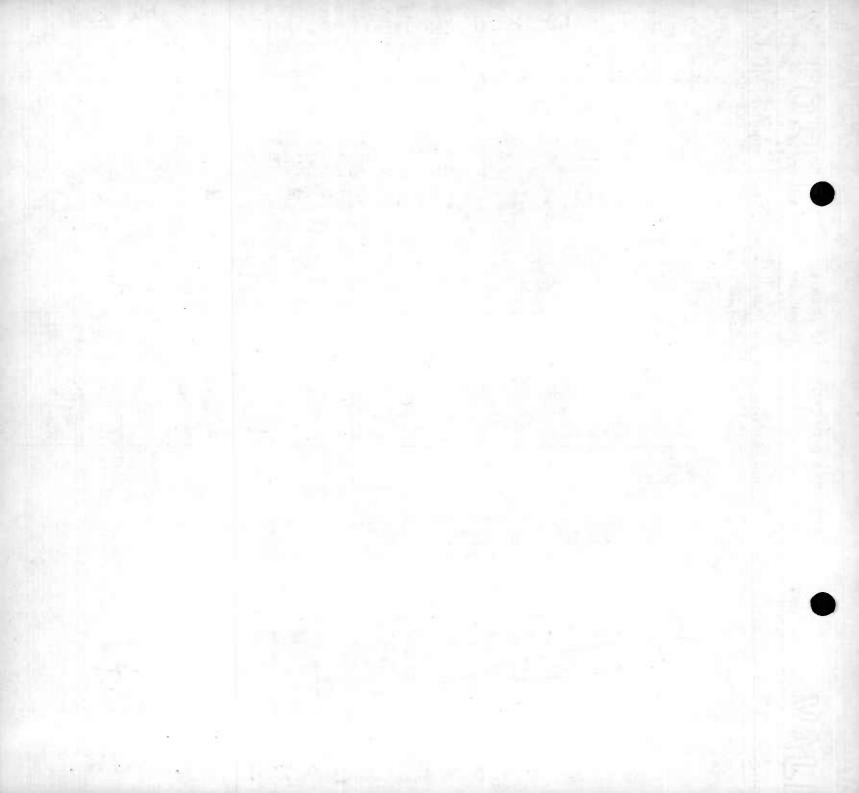
Hours

If Under 24 Hrs.

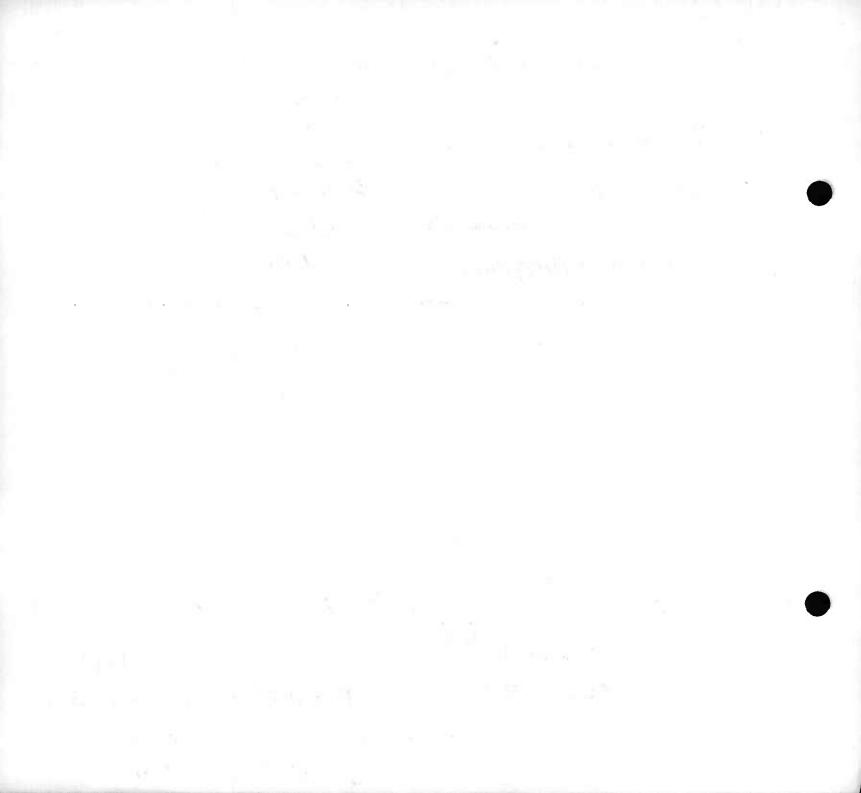
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Baltimore Baltimore

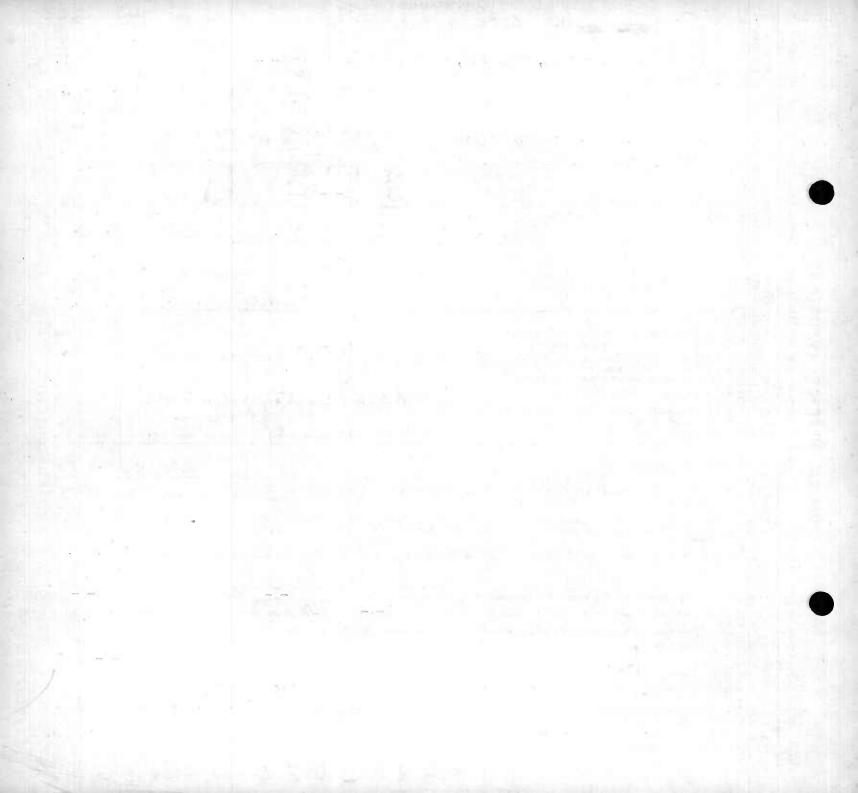
SWALLGER



1	13	111-130 00 00	BALTIMORE CITY	HEALTH DEPARTMENT		0.6				
()U-132 69 29	81 CERTIFICA	TE OF DEATH	REG. NO.	69 2981				
		Pe or Print) UPDEGRAF	F GENEV		D HOUR OF DEATH	0 - 6-				
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOLINGED DEAD	4. USUAL RESIDENCE (When	119/69	3 25 (PM)				
			ONOUNCED DEAD	A. STATE B. COUN	Υ	ion: residence before admission				
	H0	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	ASTITUTION, GIVE STREET	C. CITY OR TOWN		20-05				
1	/	7		Baltimo	D. INSIDE C	IN NO []				
5	0	franklin Squale	Hospital	E. STREET AND NUMBER		, ф				
9		/	*	306 S-MGY	roe					
made.	5.	6. RACE 7. MARI	RIED NEVER MARRIED		9. AGE (In years II	Under 1 Yr. Il Under 24 Hrs. nthsi Doys Hours Min.				
S	104		WED DIVORCED	4.11.29	20					
ב	don	USUAL OCCUPATION (Give kind of work 10B, KIN e during most of working life, even if retired)		11. BIRTHPLACE (Stote or lorein	gn country) 12	CITIZEN OF WHAT COUNTRY?				
disposition	_		ouse wife	Ohio						
pos	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAN	AE					
e l		JOSEPH STURGE	EALL	LORA						
	(Ye	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (II yes, give wor ar dates of servi		17. INFORMANT	·	ADDRESS				
final		None	295-26-6220	Mr. Fred Updegr	aff, 306 S. M	onroe St.,				
0		18. / 8 0 2 1	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
9		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SE Cance Ce						
E		(This does not meen the made of dving.								
pai		hearl failure, asthenia, etc. Il means the dise injury ar complication which caused death.)	ase,	CONSEQUENCE OF: = Se	schelos					
e m		φ.								
are		***************************************								
35 0		rise to the above cause (A) stating UNDERLYING CONDITION last.								
the remains										
E E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING F TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
0	CAI	S DISEASE OR CONDITION GIVEN IN PART 1 (A).								
=	TIF	WAS PERFORMED	OK WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?				
before	CE	21 A. A CCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in home, form, lactory, street, alf	or about 21 C. WHERE DID	(II In Boltimore City	, give exact location)				
be	CAL	OR CONTRIBUTING CAUSE OF DEATH (notily medical examined)	home, form, lactory, street, ali	ice bldg., INJURY OCCUR?						
	ā	21D.TIME (Month) (Doy) (Year) (Hous) OF INJURY	21E INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?					
ained	٤	(APPROX)	While At Not While Nork At Work	П						
9		22. I certify that (1) (this hospital) attende		2 2 10	969 to 3.	19. 1960				
pe o	١ ١	that (I) (we) last saw the deceased alive				death accurred on the date				
	1 1	and haur and from the causes stated above	A .	ew the hady ofter death	i intinity four abunan	death accurred an the date				
must		23A SIGNATURE		ow the body dilet dedills	23 B.	DATE SIGNED				
		Suema	Atten Phys.	ding Med. S	hys.	3719/69				
approval		23C. PHYSICIAN'S NAME (Type) SURINDE	DEGREE PHYS	3D. ADDRESS						
ğ		SUKINDE		Frankhi	Sahale.	Hospital.				
	24A	BURIAL CREMATION, 248. DATE 246. REMOVAL (Specily)	DEGREE			vn, or county) (Stote)				
0	B	urial 3/22/69	Crestlawn Cemete	ry Balt	timore, Haryla	nd				
Written	25A	DATE REC'D BY HEALTH DEPT. 258. NAA	NE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS				
3	_	MAR 2 11 1969 (12.9. 692)	Stagwill 1) o	Witzke;74101 1	Edmondson Ave.	, 21229				
	VS .	50-REV. 1/1/68								

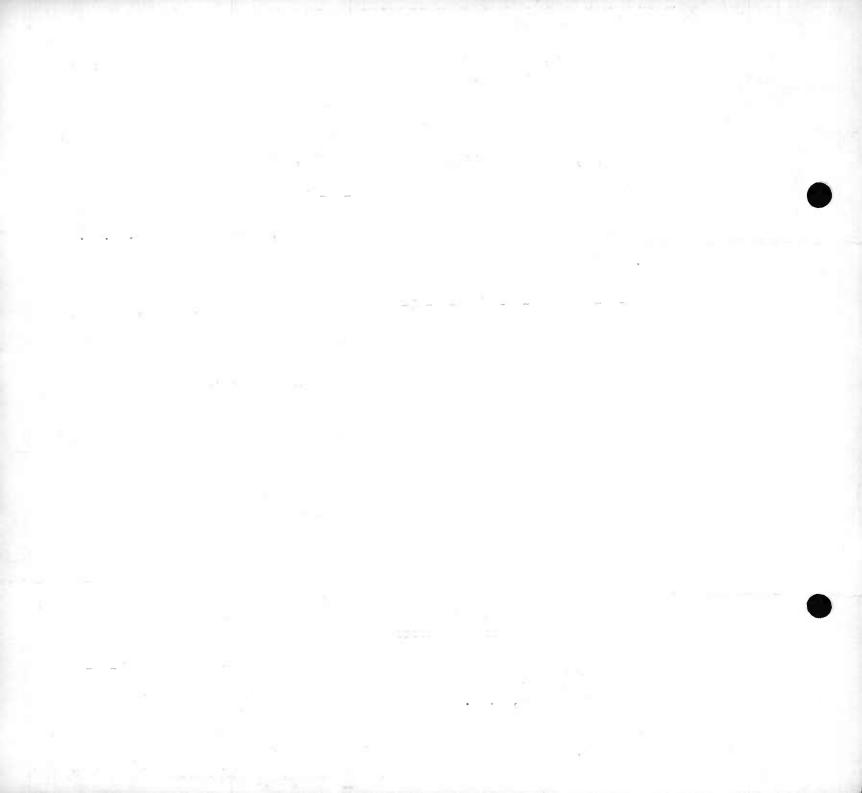


VS 150-REV. 1/1/6B

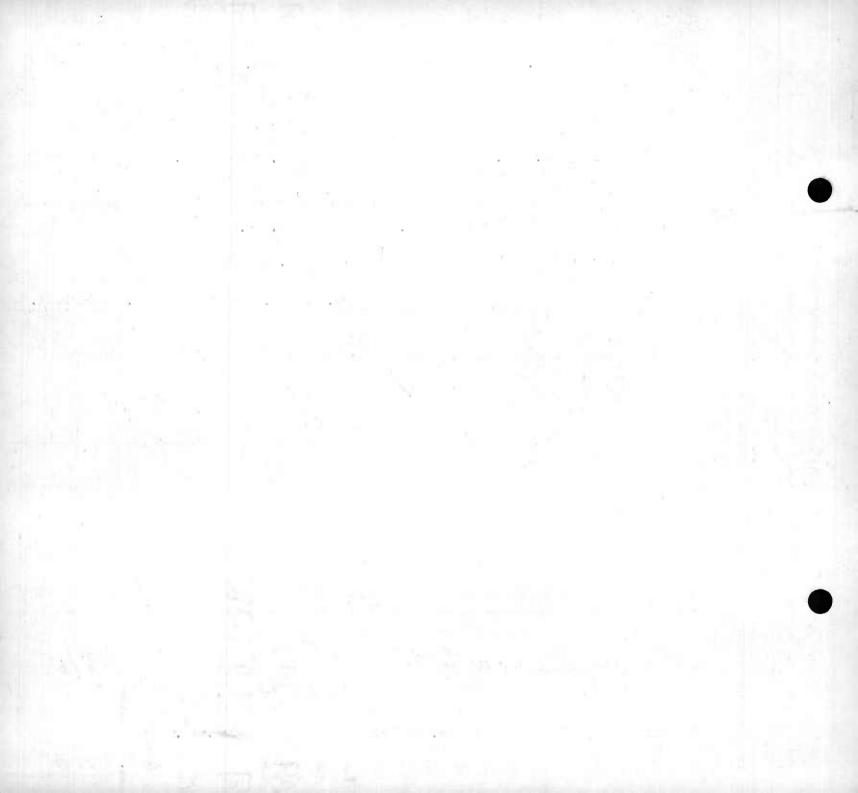


This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	623	69	20) 12.2		HEALTH DEPARTMENT	REG. NO.	69	2983
1. NAME C	DE DECEASED	OCTOR,					ND HOUR OF DEATH		
								1	12:15P
3. PLACE	IN BALTIMORE, MA	RYLAND, W	HERE PRO	NOUNCE	D DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceosed lived, If in:	stilution: re	sidence before odmission)
FULL NAM	ME OF (IF NOT	IN HOSPITA	L OR IN	COTTUTITE	, GIVE STREET	MARYLAND PI	RINCE GEORGES	66	2-00
INSTITUTIO	VETERANS					C. CITY OR TOWN	D. INSI	DE CITY LI	MITS?
25	3900 LOC	H RAVEN	I BOIL	LEVAR	D	BRANDYWINE E. STREET AND NUMBER		YES	No 🔀
	BALTIMOR			212		BOX 381, RT	L		
5. SEX	6. RACE				EVER MARRIED	8. DATE OF BIRTH		II Under	1 Yr., Il Under 24 Hrs.
MALE	1 212000		WIDOW	ÆD 🗍	DIVORCED	5-21-13	9. AGE (In years lost birthday)	Months	Doys Hours Min.
Coule Couling	most of working the, ex	en if relired)	IUS, KINL	OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (State or for	-	12. CITIZ	EN OF WHAT COUNTRY?
	K DRIVER					BRANDYWINE, N	ARYLAND	U.	S. A.
JAMES		מחשי				14. MOTHER'S MAIDEN NA		- 	
						MARY PROCTOR			
(Yes, no or u	ceosed Ever in U. S. nknown) (If yes, give	wor or doles	of service	:e) S	OCIAL ECURITY NO.	17. INFORMANT V A HO	SPITAL RECOR	ng	ADDRESS
YES	3-28-1	4 TO 1	1-17-	45220	0-03-82-30	3900 LOUH RAV	EN BLVD. BAT.	TO M	D 21218
18. 4	191XI				CAUSE OF DEATH				APPROXIMATE INTERVAL
/1	DISEASE OR CONG LEADING TO	ITION DIR	ECTLY			Congestive h	neart failure	В	ETWEEN ONSET AND DEATH
(This o	loes not mean the	mode of	dvina a		(A) IMMEDIATE CAU	SE			1 Month
I near n	ailure, asthenio, etc or complication whi	. Il meane i	the dices	ise,	DUE TO, OR AS		nphysema and		
1,6,	ANTECEDEN		7401117			Chronic bron	nchitis		4 Years
DISEAS	SES OR CONDITI		me mini	in n	(B)	A CONSEQUENCE OF:			
rise I	o the above co	use (A)	sloling	lhe	504.10, ON A5	Arterioscle	an aria	- 1	0.35
ONDER	RLYING CONDITIO	N last.			(c)	At CEL LOSCIE	OSTR		2 Years
OTHER S	II SIGNIFICANT CONDI DEATH BUT NOT RE OR CONDITION GIV	LATED TO THE	E TEDLAINE	IG AL	*******************************				
OTHERS TO THE DISEASE 19A. DA	TE OF OPERATION	198 COND	ITION FO	R WHICH	OPERATION	20A AUTOPSY? (Yes of No	208, IF YES, WERE FI	NDINGS OF D	CONSIDERED EATH?
- OP CON	CIDENT WAS UND NTRBUTING CAU (notily medicol exom	ERLYING SE OF	- 11	21 B. PLAC	E OF INJURY (e.g., in n, loctory, street, olf	or obout 21 C. WHERE DID	(II In Boltimore	City, give	exoci locotton)
DEATH OF INJU									
OF INJU	JRY	71 (160)	ŀ	While Al	RY OCCURRED Not While At Work	21F. HOW DID IN	URY OCCUR?		
22. I ce	ertify that NO (this	hospitol)			eased from 5	EBRUARY	19 69 to 15 MA	DCH	10.60
thot (M	(we) last saw the	deceased	olive a	15	MARCH	19 <u>69</u> ond th	ot in (36y) (our) opini	on death	occurred an the date
ond hou	ur and from the ca	uses stote	d obove	XXX (We)	(qiq) (qig는 신원) ^i	ew the body ofter deoth.			
23A. SIG	NATURE				A11.	4		23B, DATE	
22.0 5111	SIGNATURE.	ngu	1-6	7	DEGREE Phys.	ding Med. Director	Staff Phys.	3	-16-69
NA.	ME (Type) Ismae	Angu	ilo. 1	M. D.	2:		CH RAVEN BLV		
4A. BURIAL	CREMATION, 1248	DATE			DEGREE CEMETERY OF CREA		RE, MARYLAND		
Bur	VAL (Specify)	-19-6	9 6	sur	+. A	motory C+	CATION (City,	10	is Co. Md
SA. DATE	REC'D BY HEALTH I	DEPT. 2	SB. NAM	E OF REG	ISTRAR	25C, FUNERAL DIRECTOR	01	Sec.	address and
/S 150-REV	1/1/49	2000	113,	1. 2	7 11 1) (Islastell ?	jaams	49	ucce as I Illus

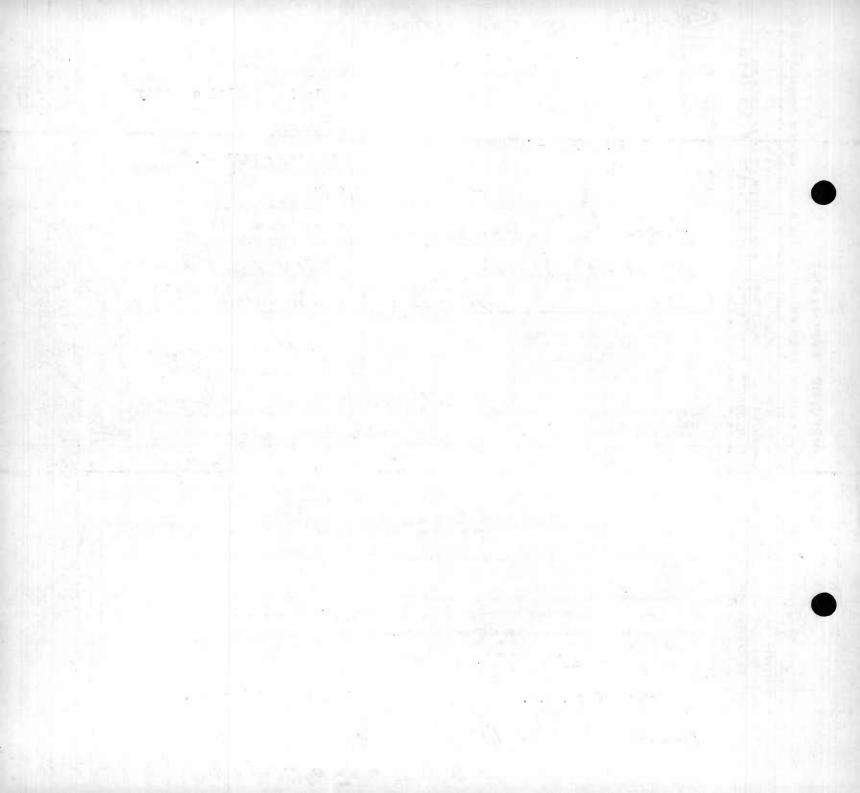


-	R-10	11 69	2984	7 8		REG. NO.	1000	THE WALL
1	1-64	0	200	* CERTIFICA	TE OF DEATH	KEG. 140.	00	NOU X
	ME OF DECI	FASED				ND HOUR OF DEA	TH	
	or Print)		Deer Torr				1	11:116
2 81	ACE IN BALL	Joseph E			4. USUAL RESIDENCE (Whe	18, 1969	If institution t	esidence before odm
FULL	NAMEOF	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITU		Maryland B. COUN	TY TY		23-0-
INST	PITAL OR	ADDRESS OR LOCA	A IION)		C. CITY OR TOWN	D. 1	INSIDE CITY L	
1	12				Baltimore		YES X	NO 📗
1					E. STREET AND NUMBER			
		South Balto.	Gen. Ho	spital	1740 S. Ch			
S. SE	X	6. RACE	7. MARRIED ₽	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months:	Doys Hours
	ale	White	WIDOWED		April 21, 1896	72		
		JPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fore	ign country)	12, CITI	ZEN OF WHAT CO
done	Operat		Che	emical Co.	Balto. Md	1.	U	S A
13. F/	ATHER'S NAM		0110	DMICGI OU	14. MOTHER'S MAIDEN NA		0	O A
		Joseph Bryle	•		Mary E. Bri	ета		
		Ever in U. S. Armed For (If yes, give wor or dote		SECURITY NO.	17. INFORMANT			ADDRESS
	s # 1				Mrs. Mary E. H	rvlev 1	740 S.	Chaires St
1:	8. 4 1			CAUSE OF DEA		J - U	1	APPROXIMATE INTE
i	DISEASES O	ol meon the mode of asshenia, etc. II means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.)	LANNING BUE TO, OR AS	a consequence of: one of ling s a consequence of:	(inofe	rable	2
i I	DISEASES O	aslhenia, etc. II means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION lost.	the disease, death.)	Caron	oma of lung	(inofe	ralolo	2
NO	DISEASES Onise to the UNDERLYING	aslhenia, etc. II means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A)	ony, giving stating the	lanin.	oma of lung	(inofe	ralolo	2
ATION	DISEASES OF COMMENT OF THE PROPERTY OF THE PEAT OF THE DEAT OF THE DEAT OF THE DEAT OF THE PEAT OF THE DEAT OF THE	asihenia, etc. II means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) GONDITION lost. II IICANT CONDITIONS CO. H BUT NOT RELATED TO TO NOTION GIVEN IN PAR	the disease, death.) ony, giving stoting the INTRIBUTING HE TERMINAL LT 1 (A).	CB) DUE TO, OR A	erna of bring S A CONSEQUENCE OF:	(inofe	rable	CONSIDERED
ATION	DISEASES OF COMMENT OF THE PROPERTY OF THE PEAT OF THE DEAT OF THE DEAT OF THE DEAT OF THE PEAT OF THE DEAT OF THE	ashenia, etc. II means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION lost.	ony, giving sloting the MTRIBUTING HE TERMINAL RT. (A).	CB) DUE TO, OR A	oma of lung	208. IF YES, WI	rable CONSIDERED DEATH?	
ERTIFICATION TO THE	DISEASES OF COMMENT OF THE DEAT OF COMMENT O	ashenia, etc. II means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION lost. II ICANT CONDITIONS COME BUT NOT RELATED TO TO NOTITION GIVEN IN PAR OPERATION 198. CON WAS PERI	ony, giving sloting the MTRIBUTING HE TERMINAL IT I (A). IDITION FOR W	COVHICH OPERATION	20A. AUTOPSY? (Yes of Notion of obout 21 C. WHERE DID			
L CERTIFICATION	DISEASES OF COMMENTS OF THE PROPERTY OF THE DEAT OF CONTRIBUTION OF CONTRIBUTI	ashenia, etc. II means plication which caused ANTECEDENT CAUSES or CONDITIONS, if a bave cause (A) CONDITION lost. II CANTONDITIONS COME BUT NOT RELATED TO THE ONDITION GIVEN IN PARA OPERATION 198. CON WAS PERIOR TO THE ONDITION COURSE OF CAUSE	ony, giving sloting the MTRIBUTING HE TERMINAL RI I (A).	(C)VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, or foctory, str	erna of bring S A CONSEQUENCE OF:			CONSIDERED DEATH?
ICAL CERTIFICATION	DISEASES OF THE PROPERTY OF THE PEAT OF TH	asibenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a above cause (A) to condition to conditions conditions conditions given in par operation given in par operation [198, condition] to condition given in par operation [198, condition] to condition given in par operation [198, condition] to condition given in par operation [198, condition] cause of medical examiner)	ony, giving stoling the intributing the intributing the intribution for which in the intribution for wh	(C)	20A. AUTOPSY? (Yes or Notin or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boli		
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MEDICAL CERTIFICATION	DISEASES OF THE DEATH (notify	asibenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a above cause (A) to condition to conditions conditions conditions given in par operation given in par operation [198, condition] to condition given in par operation [198, condition] to condition given in par operation [198, condition] to condition given in par operation [198, condition] cause of medical examiner)	ony, giving stoling the ITRMINAL IT I (A). IDITION FOR W FORMED 218, homelec,)	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form) INJURY OCCURRED INJURY OCCURRED	20A. AUTOPSY? (Yes or Not of body) and or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boli		
MEDICAL CERTIFICATION	DISEASES OF THE DEATH OF THE DE	ashenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION lost. II CANTONDITIONS COMBINED TO THE CONDITION GIVEN IN PAR OPERATION 198. CON WAS PERION CAUSE OF medical examiner)	ony, giving stoling the INTRIBUTING HE TERMINAL IT I (A). IDITION FOR W FORMED Company of the interest of	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, foctory, st	20A. AUTOPSY? (Yes or Not of body) and or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boli		
MEDICAL CERTIFICATION	DISEASES OF THE PERSON OF THE PEAT OF THE	ashenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a bave cause (A) CONDITION Iost. IL CANT CONDITIONS COME BUT NOT RELATED TO INDITION GIVEN IN PAR OPERATION 19B. CON WAS PERION CAUSE OF medical examiner) (Month) (Day) (Year)	ony, giving stoling the intribution for which is the intribution of the intribution for which is the in	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, foctory, street, foctory) INJURY OCCURRED Le At At White deceased from the deceased from th	20A. AUTOPSY? (Yes or Note of bldg., INJURY OCCUR?	(If in Boli	imore City, giv	e exoct locotion)
MEDICAL CERTIFICATION	DISEASES OF COMMENT OF THE DEATH OF THE DEATH OF CONTRIBUTION OF THE DEATH OF THE D	ashlenia, etc. II means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) and conditions could be coused (A) and conditions could be conditionally conditionally conditionally conditionally caused from the country caused by the conditional cause of medical examiner) The conditional cause of medical examiner (Month) (Doy) (Year)	ony, giving stoling the INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR W FORMED (Hour) 21E. Whill World Wor	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form, foctory, form, foctory, form, foctory, foctor	20A. AUTOPSY? (Yes or Notin or obout 21C. WHERE DID office bldgs, INJURY OCCUR?	(If in Boli	imore City, giv	
MEDICAL CERTIFICATION	DISEASES OF CONTROL OF THE DEATH (NOTIFE DEA	ashlenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a above cause (A) and conditions could be a couse (A) and conditions could be a couse (A) and conditions could be a couse (A) and couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and couse (A)	ony, giving stoling the INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR W FORMED (Hour) 21E. Whill World Wor	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form, foctory, form, foctory, form, foctory, foctor	20A. AUTOPSY? (Yes or Note of bldg., INJURY OCCUR?	(If in Boli	3 / copinian dea	e exoct locotion) 19 4 th accurred an th
MEDICAL CERTIFICATION	DISEASES OF COMMENT OF THE DEATH OF THE DEATH OF CONTRIBUTION OF THE DEATH OF THE D	ashlenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a above cause (A) and conditions could be a couse (A) and conditions could be a couse (A) and conditions could be a couse (A) and couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and could be a couse (A) and couse (A) and could be a couse (A) and couse (A)	ony, giving stoling the INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR W FORMED (Hour) 21E. Whill World Wor	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, AI WHICH OPERATION) INJURY OCCURRED Le At AI WHICH OPERATION We) (did) (did nat)	20A. AUTOPSY? (Yes or Notin or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	(If in Boli	3 / copinian dea	e exoct locotion)
MEDICAL CERTIFICATION	DISEASES OF COMMENT OF THE DEAT OF THE DEA	ashenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a bave cause (A) CONDITION for conditions conditions conditions conditions (A) CONDITION GIVEN IN PAR OPERATION 198. CON WAS PERION (Month) (Doy) (Year) that (I) (this hospital last sow the decease of fram the causes stated and the cause stated and the causes stated and the cause stated and the	ony, giving stoling the INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR W FORMED (Hour) 21E. Whill World Wor	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, AI WHICH OPERATION) INJURY OCCURRED Le At AI WHICH OPERATION We) (did) (did nat)	20A. AUTOPSY? (Yes or Note of long) in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJuly 19 9 and the view the bady after death.	(If in Boli	3 / copinian dea	e exoct locotion) 19 4 th accurred an th
MEDICAL CERTIFICATION	DISEASES OF COMMENT OF THE DEATH (NO INTEREST OF CONTRIBUTION OF THE DEATH (NO INTEREST OF CONTRIBUTION OF THE CONTRIBUTION OF	ashlenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a above cause (A) a conditions conditions conditions conditions given in part of the condition of the conditio	ony, giving stoling the INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR W FORMED (Hour) 21E. Whill World Wor	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, AI WHICH OPERATION) INJURY OCCURRED Le At AI WHICH OPERATION We) (did) (did nat)	20A. AUTOPSY? (Yes or Not in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJuly 1969 and the view the bady after death.	(If in Boli	3 / copinian dea	e exoct locotion) 19 4 th accurred an th
MEDICAL CERTIFICATION	DISEASES OF COMMENT OF THE DEAT OF THE DEA	ashlenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a above cause (A) a conditions conditions conditions conditions given in part of the condition of the conditio	ony, giving stoling the INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR W FORMED (Hour) 21E. Whill World Wor	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form) INJURY OCCURRED At At Water Acceptable At At Water Acceptable At At Water Acceptable At Water A	20A. AUTOPSY? (Yes or Not of the property of t	(If in Boli	3 / copinian dea	e exoct locotion) 19 4 th accurred an th
MEDICAL CERTIFICATION TO DE	DISEASES OF COMMENT OF THE DEAT OF THE DEA	ashenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a above cause (A) a conditions could be couse (A) a condition of the couse of the c	ony, giving stoling the TERMINAL IDITION FOR WE FORMED (Hour) 21E. While World of the delayer o	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, AI WHICH OPERATION) INJURY OCCURRED Le At AI WHICH OPERATION We) (did) (did nat)	20A. AUTOPSY? (Yes or Not of the property of t	(If in Boli	3 / copinian dea	8 19 th accurred an the 19 /69
MEDICAL CERTIFICATION TO DO	DISEASES OF THE DEATH OF THE DE	ashenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION for the couse (A) CONDITION for th	ony, giving stoling the INTRIBUTING HE TERMINAL IT I (A). IDITION FOR W FORMED 218, homelc, Whill World World Head olive on ted abave. (I)	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form) INJURY OCCURRED Le At Not Who has been deceased from the company of th	20A. AUTOPSY? (Yes or Not of the property of t	(If in Boli	opinian dea	8 19 th accurred an the 19 /69
WEDICAL CERTIFICATION TO DE	DISEASES OF COMMENT OF THE DEAT OF THE DEA	ashlenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a bave cause (A) a condition lost. II CANT CONDITIONS CO. II CANT CONDITION S CO. BUT NOT RELATED TO	ony, giving stoling the INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR W FORMED 21B. homelc.) (Hour) 21E. Whill World W	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form) INJURY OCCURRED ILE AT Not What was a seed from the deceased from t	20A. AUTOPSY? (Yes or Note of Director 12 Department of Director 12 De	(If in Boli	opinian dea	8 19 6 9 th accurred an the signed of county) (S
WEDICAL CERTIFICATION TO DE	DISEASES OF COMMENT OF THE DEAT OF THE DEA	ashenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION for the couse (A) CONDITION for th	ony, giving stoling the INTRIBUTING HE TERMINAL IT I (A). IDITION FOR W FORMED 218, homelc, Whill World World Head olive on ted abave. (I)	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form) INJURY OCCURRED ILE AT Not What was a seed from the deceased from t	20A. AUTOPSY? (Yes or Not of the property of t	(If in Boli	opinian dea	8 19 th accurred an the 19 /69



	of death Deceased on the th. Such
	in a hosp g cause ause; (5) ittendance or to dea
	occurred ontributin ermined c regular o eased pri
_	rect or co (4) Under was in the dece
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
DR: IMI	iner or hi ner. Also acture of pronoun ular attel mbalmed
DIRECTO	cal exami s; (3) A fr iian who is in reguins are e
NERAL	hief medic a medic body burn he physic sician we
FU	d by the cospital by ture; (2) Et where to the cospital by tweeter to the cospital by the cospital betweeter the c
	of any na of any na al (excep h); and (
	released accident t a hospit or to deat
	body was vs: (1) An D.O.A. at assed pric
	This the show was dece

	BALTIMORE CITY	HEALTH DEPARTMENT		69 2985
69 29	85 CERTIFICA	TE OF DEATH	REG. NO	00 2000
I, NAME OF DECEASED	00 0=11111		D HOUR OF BEATH	
(Type or Print)	2427		D HOUR OF DEATH	1000 170 1
WITHELM, SU	SAN JANE		uar 14	1769 6 3 1 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	nstitution residence before admission)
			Baltimore C	ity 17 12
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET			2/1
INSTITUTION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
		Baltimore		YES 🗵 NO 🗌
HOUSE IN THE PINES - BELVI	EDERE	E. STREET AND NUMBER		
7.1000		5826 Clarks H	111 Rd.	
S. SEX 6. RACE 7. MADD			9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
· SEX	ED NEVER MARRIED		lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
F WIDOW	/EDK DIVORCED	7/29/79	89	
OA. USUAL OCCUPATION (Give kind of work 108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or longi	gn country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life even if retired)	11	Freeland,	Md	U.S. A
	in Home	1		a. S. 17
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE 1	
Michalde Ma	0	Mini	- 1-1/1	ner
Inchotas Illah	7	111014	1 / 0//	/(C /
es, no or unknown) (II yes, give wor or dotes of services)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 500	CLADDRESS HILLRY
ALS	270-44-5516	Kussell M. Will	relm.	0 414123 111010
100	77 77 770		13	al TO, Md. 2/2/0
18,2/ / 2 /	CAUSE OF DEAT	1		BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY				
LEADING TO DEATH	(A) IMMEDIATE CAL	SE HOROPIUL	tenenis	2-242
(This daes not mean the mode of dying,	9-9- DUE TO, OR AS	A CONSEQUENCE OF	- 01	mers 8- × 10 m
heart failure, asthenia, etc. It means the disectinjury at camplication which coused death.)	ise,	ened pleubi	tox & Elbres	8 2010 10
	50.0		,	A Market
ANTECEDENT CAUSES	(B) Phio	recorrece of	gudrow	2 10011
DISEASES OR CONDITIONS, if ony, give	ing DUE TO, OR AS	A CONSEQUENCE OF THE	selevetice	evo
rise to the abave couse (A) stoting	the "> m>	-0 10 0 1		
UNDERLYING CONDITION Iosi.	(c)			The state of the s
		50 00	0	,
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED		Tal Blen	duess	7-711
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL			7/
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES. WERE	FINDINGS CONSIDERED
WAS PERFORMED		100	IN CERTIFYING CA	USES OF DEATH?
214 ACCIDENT WAS LINDED VING	21R BLACE OF INITIDAL - :	n or about 21 C WHERE DID	(If := B = 1	to City give event !*!
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(It in Boltimo	re City, give exoct location)
DEATH (notify medical examiner)	etc.)			
21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	LIRY OCCUP?	
OF INJURY			on. occom	
(APPROX.)	While At Not Whill Work At Work			
22 1 (1) (1) (1)		Dec. 2-4.	069	Mar (4 1969
22. I certify that (I) (this hospital) attended		your !	y to	
that (I) (we) lost sow the deceased alive	on mar	1969, and the	ot In (my) (our) opi	inion deoth occurred on the dot
and hour and from the causes stated above	(1) (Ma) (did) (did)			
	o /il (matificial (autimat) /	tem the body offer deoffi.		COR DATE SIGNED
23A. SIGNATURE	1 0.0			23B, DATE SIGNED
yeswu 160	mon no Atte	nding Med.	Staff Phys.	-5/18/69
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		1 - 1 - 1
NAME (Typel			hta A	
Lester Kolman, M.D.	DECREE	3700 Park Heig	nus Ave.	
	DEGREE	MATORY / 24D. LO	OCATION (C	ity, town, or county) (State)
CREMOVAL (Specify) 2/10/10	111 7 N		-	1 1/1
Kuni 7/ / X/67				
111/1/191	VITI LION LE	metery	F1331-1	no, ma
SA. DATE REC'D BY HEALTH DEPT. 258. NAM	NT, LION CE AE OF REGISTRAR	25C) FUNERAL PIRICIOR	1-reela	ADDRESS ()
SA. DATE REC'D BY HEALTH DEPT. 25B. NAM				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM				



FUNERAL DIRECTOR: IMPORTANT

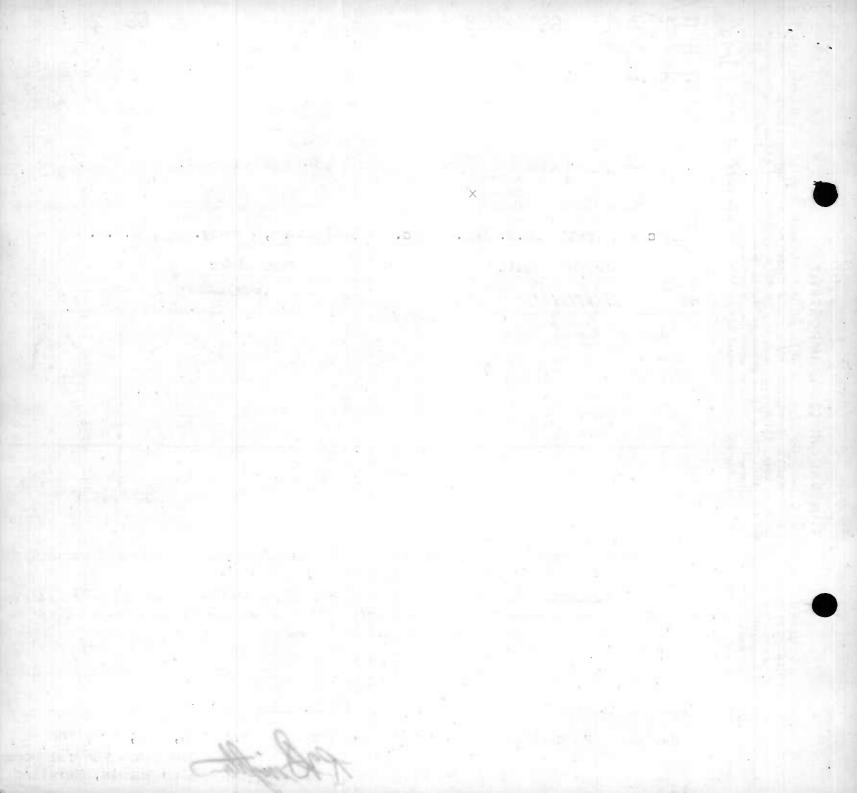
	BALTIMORE CITY H	HEALTH DEPARTMENT		69 2986
BIRTH NO. 69 5 69 2986	GERTIFICAT	E OF DEATH	REG. NO	7000
1. NAME OF DECEASED (Type or Print)	lander	2 DATE AT	CER 18 6	9 305 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED		4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, HOSPITAL OR ADDRESS OR LOCATION)		MARY LAND	D INS	IDE CITY LIMITS?
INSTITUTION ON ONE		BALTIMORE	0. 1143	YES NO
70 shirtly will		E. STREET AND NUMBER		
FRIEDLERS NURSING HOME		4104 FALLS	TAFF ROAD 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Tomak Vilete WIDOWED X	DIVORCED _		10st birthdoy)	Manths Days Hours Min.
10Å, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSII done during most of working life, even if retired)	NESS OR INDUSTRY	1. 8IRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HOM		RUSSIA	AAE	u.s.A.
	ľ			
GIRSHIN SMITH 15, Was Deceased Ever in U. S. Armed Forces? 16. S.	OCIAL 1	PASSIE 7. INFORMANT	?	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	ECURITY NO.		IAMOED 4104	
18.	M CAUSE OF DEATH	K. WILLIAM KUK	LANDER, 4104	FALLSTAFF RD. #15
DISEASE OF CONDITION DIRECTLY		0 2550 Em	alxla.	SETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUSI		mysin	uninto,
heort foilure, osthenio, etc. It means the disease, injury or complication which caused death.)	DUE TO, OR AS A	CONSEQUENCÉ OF:	/-	Sofilial
ANTECEDENT CAUSES	Rton	real of	2 V disee	mucary
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS A	CONSEQUENCE OF:	- Carse	4
rise Ia the abave cause (A) stoling the UNDERLYING CONDITION lost.	(c)			
II	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).				
	OBERATION	20A. AUTOPSY? (Yes ar N	all 20R IE VEC WERE	EINDINGS CONSIDERED
198. CONDITION FOR WHICH WAS PERFORMED	OPERATION	ZOA. AUTOPSTYTTES OF IN	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	E OF INJURY (e.g., in m, factory, street, office	or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimar	re City, give exact lacation)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU	RY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.) While At	Not While At Work		4	
22. I certify that (I) (this hospital) ottended the de	ceased from		.19 % to	March 19 19.
that (1) (we) last saw the deceased alive on	Jan	19 6 ond ti	hat in (my) (lour) o pi	nion deoth occurred on the dote
and hour and from the couses stated above. (1) (We) (did) (did not) vie	ew the body after death.		
23A. SIGNATURE	Attend	ding A Med.	Stoff [23B, DATE SIGNED
23C. PHYSICIAN'S	DECKEE Phys.	Director L	Phys.	0/18/69
NAME (VDV)	1/11/11/11	5765	Penk 1	esphs her
24A. BURIAL CREMATION, 248. DATE 24C. NAME of REMOVAL (Specify)	IS CEMETERY OF CREA	MATORY 24D. I	LOCATION (C	ity, tawn, ar caunty) (State)
BURIAL 3-20-69 MOSES M		OODMOOR HEBREW		RE MARYLAND
25A, DATE REC'D 8Y HEALTH DEPT. 25B, NAME OF REC		2SC. FUNERAL DIRECTO		2010 Rest. Rl
VS 150-RFV, 1/1/68				ALA LANGUE

PR PETER TO A TENEDULE .

7 552	BALTIMORE CITY	HEALTH DEPARTMENT		69 2987
BIRTH NO. 69 2987	CERTIFICA	TE OF DEATH	REG. NO.	00 2001
1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
HNNH DIAMOND			-19-69	1 # 2 A-M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. II ins	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)		MARY CAN	0	DE CITY LIMITS?
SINAL HOSPITAL OF BAC		BACTIMO	RE	YES NO T
BEZUEDENE & GREZNSPRING	AUES-	E. STREET AND NUMBER	Northern	Parkuny
5. SEX 6. RACE 7. MARRIED NE	VER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
FMAI# WHITE WIDOWED TO	DIVORCED	NOV. / = /96	77	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUST! done during most of working lile, even if reflect)	NESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
housewite AT HOME		Ba Himor	e (*) MD.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
LOUIS GOLDMAN		RACHEL	?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	CIAL ECURITY NO.	17. INFORMANT		ADDRESS
NO 21:	2-22-7236	MR. LEONARD S.	DIAMOND, 2515	SUMMERSON ROAD #9
	CAUSE OF DEATH	2 (CHE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		MUACAROL	nztinz	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)	(A) IMMEDIATE CAUS DUE TO, OR AS A	SE MYOCARDIA CONSEQUENCE OF:	HC INFAN	RCTION Z3 days
ANTECEDENT CAUSES	0 - 0 - 1	in les inte		70
DISEASES OR CONDITIONS, it any, giving	(B) COYCO	A CONSEQUENCE OF:	UFFIC IENC	y co years
rise to the abave cause (A) stating the	ASC	VO · DM		Underns
UNDERLYING CONDITION last.	(c) 11 3	, 1.11.		70 7 000(3
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Rena	failu	ne Reptiel	Alcer ?
2 19A- DATE OF OPERATION 1198, CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FIT	NDINGS CONSIDERED SES OF DEATH?
			IN CERTIFYING CAUS	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE home, form	OF INJURY (e.g., in , foctory, street, offi	or about 21 C. WHERE DID co bidg., INJURY OCCUR?	(II In Baltimore	City, give exoci location)
	Y OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) While AI E	Not While			
22. I certify that () this hospituit) ottended the dec		3 - 3	1969 10	3-19 1969
that (1) (we) last saw the deceased office an	3-18	19 69 ond th	at in my four boini	on death occurred on the date
and hour and from the causes stated abave. (1) (We)	(did not) vi	ew the body after death.		
23A. SIGNATURE	<u> </u>		2	3B. DATE SIGNED
IM Melle	Moegree Phys.	ding Med.	Staff Phys.	3-19-60
NAME (Typel	2:	D. ADDRESS		- · · · /
STEPHEN D. ROSENBAU	M DEGREE	SINAI +	tOSPITAL	OF BALTO.
KEMIO VAL (Specify)	CEMETERY OF CREA	AATORY 24D. L	OCATION (City.	town, or county) (Stote)
BURIAL 3-20-69 BNAI JA		BAL	TIMORE, MARY	LAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGI	and the same of th	25C. FUNERAL DIRECTOR		ADDRESS
MAR 2 1 1969 (12 12 15 2), Track		JOH PATINSON	& DKUS., 6010	REISTERSTOWN ROAD

A STATE OF THE STA and the second of the second of the second (A) Miles 3

5-5	30 69 2	000	TE OF DEATH	REG. NO	69 2988		
BIRTH NO.		CERTIFICA					
NAME OF DE			2. DATE AN	ID HOUR OF DEATH			
3. PLACE IN BA	Andrew Smith	ONQUINCED DEAD	4. USUAL RESIDENCE (When	Mar. 1'	/, 1969 5:20 P		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			A. STATE B. COUNTY				
ULL NAME O	F (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland c. CITY OR TOWN D. INSIDE CITY LIMITS?				
NOITUTION			Baltimore	0. 1143	YES NO		
10			E. STREET AND NUMBER				
	1105 E. Fayett	e Street	203 S. Stric	cker St.			
SEX	6. RACE 7. MARI	RIED NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr., If Under 24 H Months! Doys Hours Min.		
M	W WIDO	WED X DIVORCED	7/3/1876	92			
	CUPATION (Give kind of work 10B. KIN of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNT		
The state of the s		Imp. Assoc.	Dallastown, F	Jenney.	U.S.A.		
FATHER'S N	AME	Thips Assocs	14. MOTHER'S MAIDEN NA	ME	0.00111		
	(unknown) Smit	h	Mary L	Jisk e			
. Wos Deceas	ed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
es, no or unknov	vn) (If yes, give wor or dotes of serv	07 4 70 7774	Pohont Cmith		bud alana Od		
18. // /	30.01	214 18 3334 CAUSE OF DEAT	Robert Smith	203 S. St	tricker St.		
70	ASE OR CONDITION DIRECTLY			0 0	BETWEEN ONSET AND DEA		
DISE	LEADING TO DEATH		CHI	(///	20.		
(This daes	nal meon the made at dying,	e.g., QUE TO, OR AS	A CONSEQUENCE OF:		701		
	e, asthenia, etc. It means the disc emplication which coused death.)	eose,					
mory or co	ANTECEDENT CAUSES						
5,054,050		(B)	A CONSEQUENCE OF:				
	OR CONDITIONS, il any, gi the abave cause (A) stating	Ihe	A CONSEQUENCE OF:				
	NG CONDITION last.	(c)		3			
	II	CVa run	ofue (ut homos	1200MH	aars		
	IFICANT CONDITIONS CONTRIBUTE ATH BUT NOT RELATED TO THE TERMI		s/belod) lame 4	1 Bludma	>		
DISEASE OR	CONDITION GIVEN IN PART 1 (A).	, , , , , , , , , , , , , , , , , , , ,	1200	N OOD IS YES WES	- FINDINGS CONSIDER		
E MA. DATE	OF OPERATION 198. CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WARE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21A. ACCIE	ENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	/If in Boltime	ore City, give exoct location)		
OR CONTRI	BUTING CAUSE OF	home, farm, foctory, street, o	ffice bldg., INJURY OCCUR?	hi iii boliiiic	one only, give exoct locotion,		
U	ify medicol exominer)						
OF INJURY	(Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?			
(APPROX.)		While At Work Not While At Work					
22. I certi	fy that (I) (MAX Max XIIII) attend	led the deceased from	Feb. 26.	19 69 to	March 17, 1969		
	e) last saw the deceased alive				inian deoth occurred an the c		
				e. m(m)/ (exc) op			
	ond hour and from the causes stated above. (1) (We) (did) (Maxinative with body ofter death. 238. DATE SIGNED.						
Z3M. SIGNA	1/1,0/0	JOS Atte	ending Med.	Staff	11/11/10		
	Mulla	The DEGREE Phy	s. Director	Staff Phys.	MIMMO		
23C. PHYSIC NAME			23D. ADDRESS		. / /		
	J. Hulla	MD DEGREE	2214 E. Favet	tte Street			
4A. BURIAL C	REMATION, 248. DATE 24	IC. NAME of CEMETERY of CR			City, town, or county) (State		
REMOVAL		Gedar Hill	Cemetery	Brooklyn	RFO, Maryland		
BUTI 25A. DATE REC		ME OF REGISTRAR	25C. EUNERAL DIRECTOR	111	ADDRESS		
MAR	2 1969 (1.D. F. E.	tabanen .	- All	Sing	leton Füneral Ho		
/S 150-REV. 1/	1/68	2 1 1	1-1-1-1	Glen Glen	Burnie, Marylan		



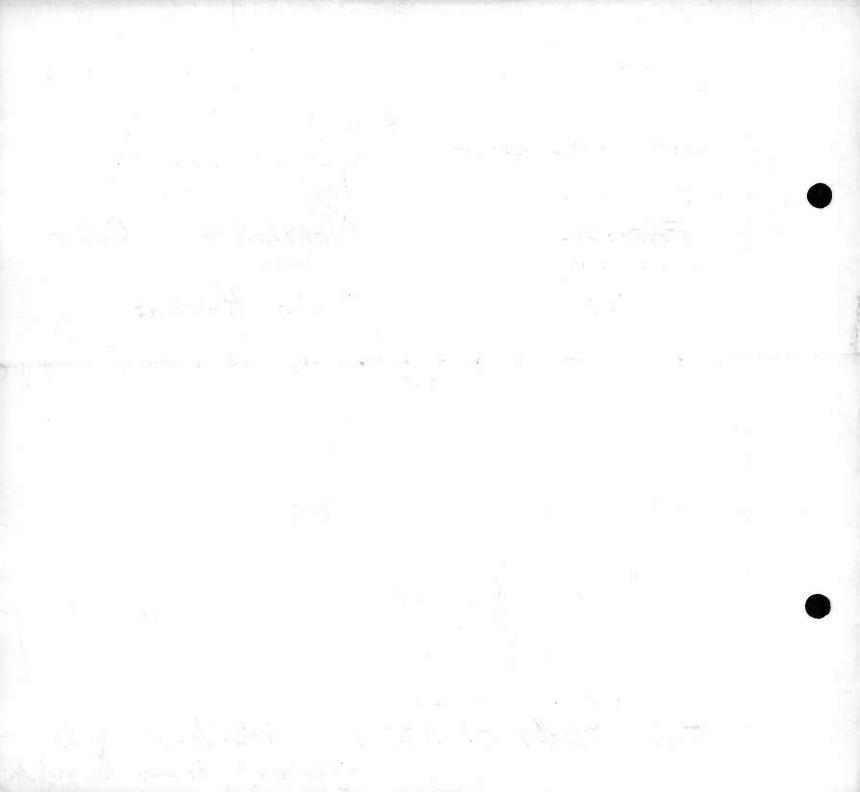
IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. Hours 12. CITIZEN OF WHAT COUNTRY? BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death accurred on the date 23B. DATE SIGNED

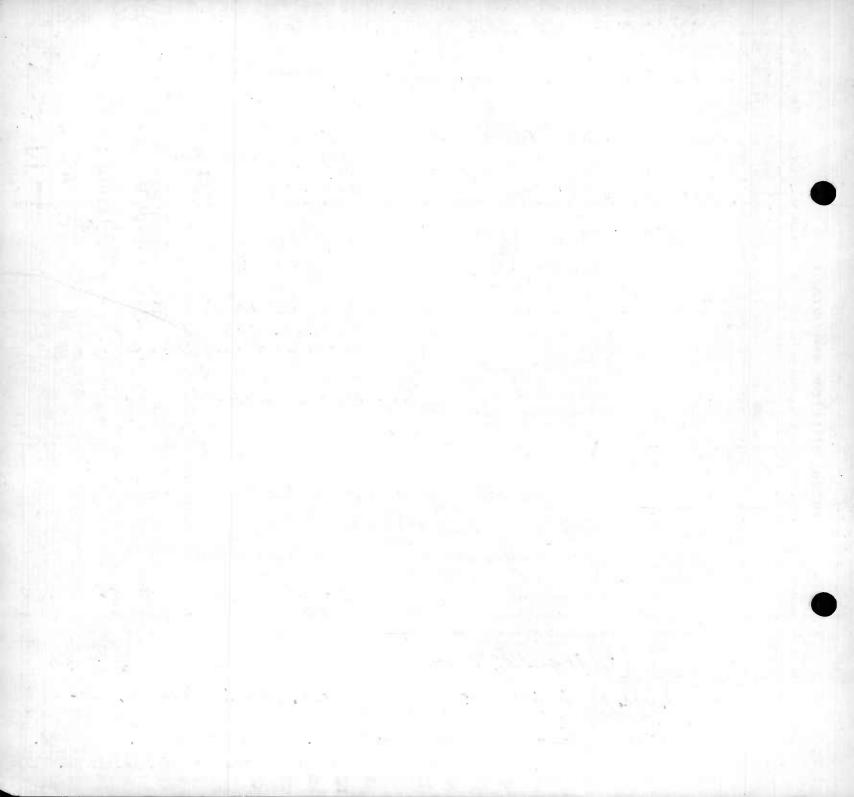
VS. 153 3-26-69 MH.

	note the	4 7 6 7 00 0000		HEALTH DEPARTMENT	REG. NO	69 2990		
- 1	1, 6	NAME OF DECEASED	10/(1		HOUR OF DEATH			
	L	Joseph Hawkins			3/12/69	1:45 F	м.	
				4. USUAL RESIDENCE I Where A. STATE B. COUNT	deceased lived. If ins	titution; residence before ad	mission)	
	HC	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREED STITUTION GIVE STREED STREED STREED GRAND GIVE STREED GRAND GRAND GIVE STREED GRAND	т	c. CITY OR TOWN		DE CITY LIMITS?	-01	
	10	The Johns Hopkins Hospital	lt	E. STREET AND NUMBER		YES X NO		
9)		Box 10 Pomfrey, Md. 20675				
E SI		M Neco WIDOWED DIVORCE		1123111	AGE (In years ast birthday)		Min.	
0	don	USUAL OCCUPATION (Give Unid of work 108, KIND OF BUSINESS OR IND	USTRY	I. MRTHPLA DE (State or foreign	n country)	12. CITIZEN OF WHAT CO	UNTRY?	
S	13.	FATHER'S NAME	1.	MARY/AN & UISA				
Spo		JOSEPH HAWKINS	,	14. MOTHER'S MAIDEN NAME ANNIE				
5	15.	Was Deceased Ever in U. S. Armed Forcos?	17	- INFORMANT		ADDRESS		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SECURITY NO.		Shiplay	HAWKI	1,12-1,12-2		
		18. / 97. 4-1 CAUSE OF		1000	LITTYKII	APPROXIMATE INT		
3		DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	itio	tion of bleedin	7	2 week	1)	
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
		Injury or complication which caused death.) Enteric fistulas						
0		ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
		rise to the above cause (A) stating the UNDERLYING CONDITION last.		Seminan	1 year			
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
		19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION	9	20A. AUTOPSY? (Yes or No.)	208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?		
	CERTIF	1/2 0/69 WAS PERFORMED PURPLY 21A. ACCIDENT WAS UNDERLYING	leading	7 7 ()				
	CAL	OR CONTRIBUTING CAUSE OF home, form, fociory, streets		r obout 27C. WHERE DID bldg., INJURY OCCUR?	it in pollimore	City, give exect lacotion)		
3	Z	21D-TIME (Month) (Doy) IYoot) (Hour) 21E INJURY OCCURRE OF INJURY (APPROX.) While AI No	D While r	21F. HOW DID INJU	Y OCCUR?			
			Work L					
		that (I) (we) last saw the deceased alive on	*************		in (my) (our) solat	19	27	
	- 1	that (i) (we) last saw the deceased alive on						
	1	23A. HGNATURE				3& DATE SIGNED		
	ļ	23C. PHYSICIAN'S DEGREE			off ys.			
		JOHN L. CAMERON, M.D.,		THE JOHNS HO	PKINS HOS	PITAL		
	24A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY (EGREE OF CREMA				lote)	
		BURIAL 3/17/69 ST PETERS WALGORF MD						
	25A.	DATE RECO BY HEALTH BEPT. 258. NAME OF REGISTRAR	1	25C, FUNERAL DIRECTOR	P 01/00	AODRESS		
	/S 1	50-REV. 1/1/68	7 0	1 do the sow	17.22	-4. Tomonta	x MB	

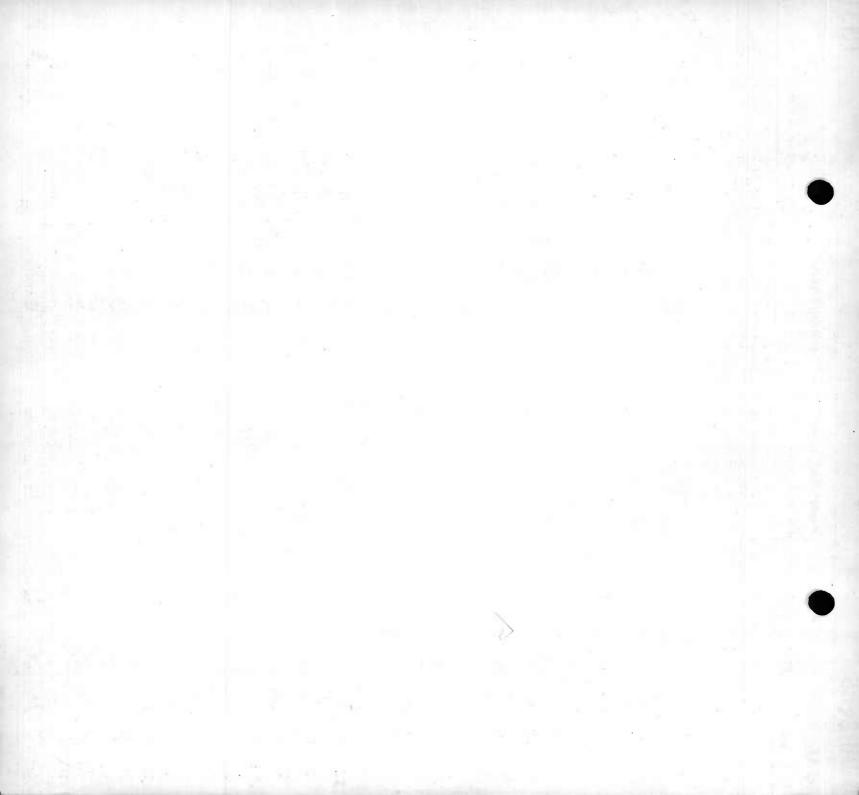


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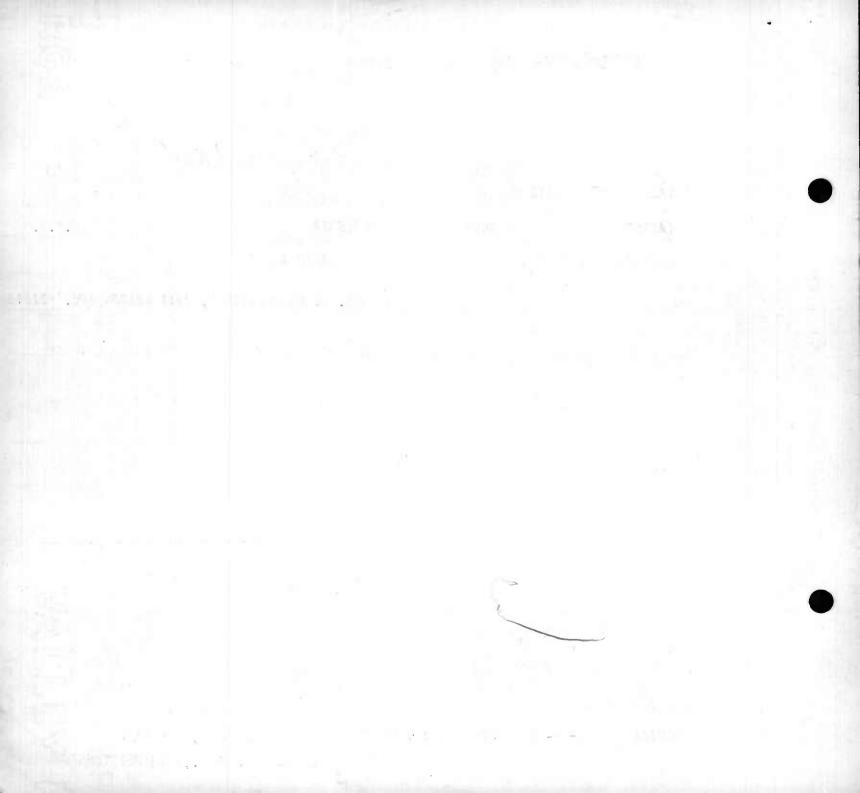


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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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Π.	5-5	60		BALTIMORE CITY	HEALTH DEPARTMENT	11 //	0.0	000	
	RTH NO.	50 6	9 29	97 CERTIFICA	TE OF DEATH	REG. NO	69	2997	
1.1	NAME OF DE	Jerome Sh	anman			NO HOUR OF DEATH	O PM	1/37	
3.	PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in			
FL	ILL NAME OF	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)			XXXXXXXXX	XXXXXXXX	Colum	ⁿ 29206 ^{S.C.}	
ĺΝ	HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION				C. CITY OR TOWN D. INSIDE CITY LIMITS?				
Ĺ	Johns	Hopkins Ho	spital		Columbia E. STREET AND NUMBER		YES	NO []	
	33				5225 Clems	on Avenue.	Apt.	218	
5.	SEX	6. RACE	7. MARRIEI	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)		Yr. II Under 24 Hrs.	
_	M	W	WIDOWE		4-29-09	5 9	IV.O.III.IS	nuois iviin.	
dot	A, USUAL OCC ne during most o	CUPATION (Give kind af w f warking life, even if retired	ork 108, KIND (OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN	OF WHAT COUNTRY?	
20	FATHER'S NA	Nula			Ohio		US	5a	
130	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME			
15	7000	d Ever in U. S. Armed I		11 / 000111	anna				
(Ye	s, no bt unknow	n) (II yes, give wor or de	ates of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS	
	100			268-05-8099	ms melaher	I Shanna	^	Same	
	18. 200	SE OR CONDITION I	DIRECTIV	CAUSE OF DEATH	1			APPROXIMATE INTERVAL WEEN ONSET AND DEATH	
	DISEA	LEADING TO DEAT		AN HAMEDIATE CALL	Sonsis			7 1. 3000	
(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc., It meons the disease,						5-4 ABUS			
	injury ar co	mplication which cause	ed deoth.)	•					
		ANTECEDENT CAUS		(B)	Lynphoma A Consequence of:			W years	
	rise to the	OR CONDITIONS, ii	A CONSEQUENCE OF:						
	UNDERLYIN	UNDERLYING CONDITION last. (c)							
z	OTHERSIGNI	THER SIGNIFICANT CONDITIONS CONTRIBUTING							
ATIO	TO THE DEA	TH BUT NOT RELATED TO	THE TERMINAL	***************************************			d-+====================================		
CERTIFICATION	19A. DATE O	F OPERATION 1198. CO	NOTION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	a) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CO	ATM2	
CER	21 A. ACCIDE	ACCIDENT WAS UNDERLYING 218 PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, sheet, office bidg., INJURY OCCUR? In Boltimore City, give exact location						140	
CAL	DEATH (notif	UTING CAUSE OF y medical examined	ho	me, lorm, foctory, street, of	fice bidg., INJURY OCCUR?	lit in solitmor	e City, give e	xact location;	
MEDI	OF INJURY	(Month) (Doy) (Yea		E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
	(APPROXI			hile At D Not While ork At Work	,				
	22. I certify	that (i) (this hospit	al) attended	the deceased from	1/1/09	.19ta3	11069	19	
	that (i) (we) last sow the decea	sed ailve on.	3/18/69	19and that in(my) (our) opinion death occurred on the date				
		nd haur and fram the causes stated abave. (i) (We) (did) (did net) view the body after death.							
	23A. SIGNATI	Ke in the	nessyy	Alte Degree	nding Med.	Staff Phys.	238. DATE S	SIGNED 6/69	
	23C. PHYSICI NAME (N'S Type)	1	DEGREE	3D. ADDRESS				
24.4	DUBLA: 65	win N. Her	ingasey				anital		
24/	REMOVAL	(Specify)	1.0	AME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Cit	ly, lawn, or co	aunty) (Slate)	
25	DATE PECT	3/20/1	469 4	for Sinai	0	wengo Mill	6	Maryland	
45/	MAR 91	1969 A	- 100	OF REGISTRAR	25C. FUNERAL DIRECTO	R Som . 14	c 9610	Restudence	
VS	150-PEV 1/1-	(49	() (a) 4(c)		Januar 310	Alice of Double	- 1010	1.	

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BALTIMORE CITY HEALTH DEPARTMENT

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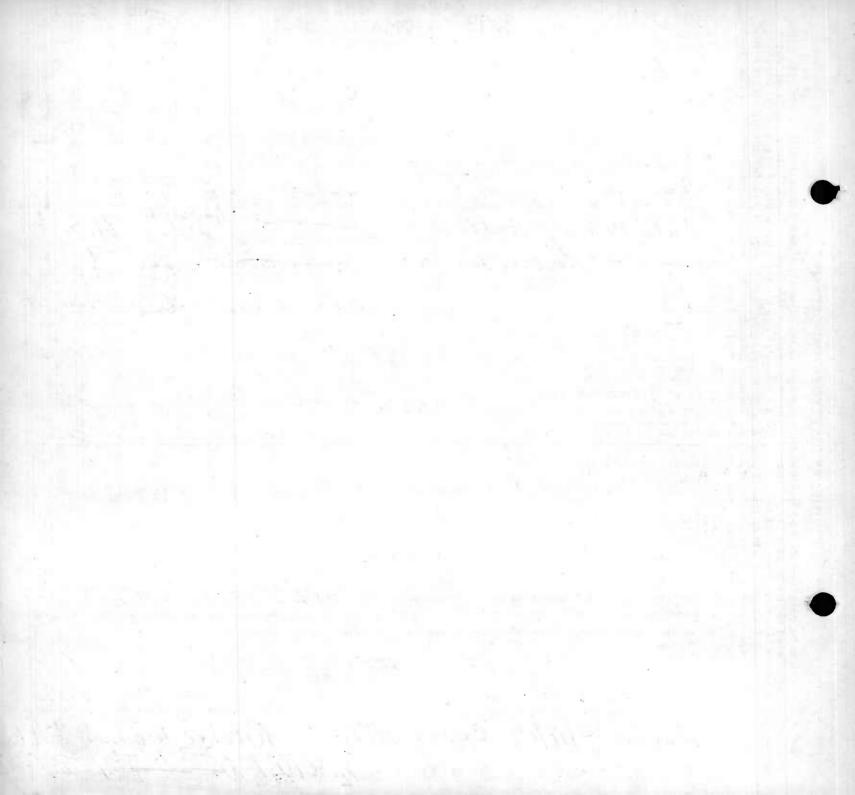
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